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OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XXIII. No. 6
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GRAND RAPIDS, MICH., JUNE, 1924

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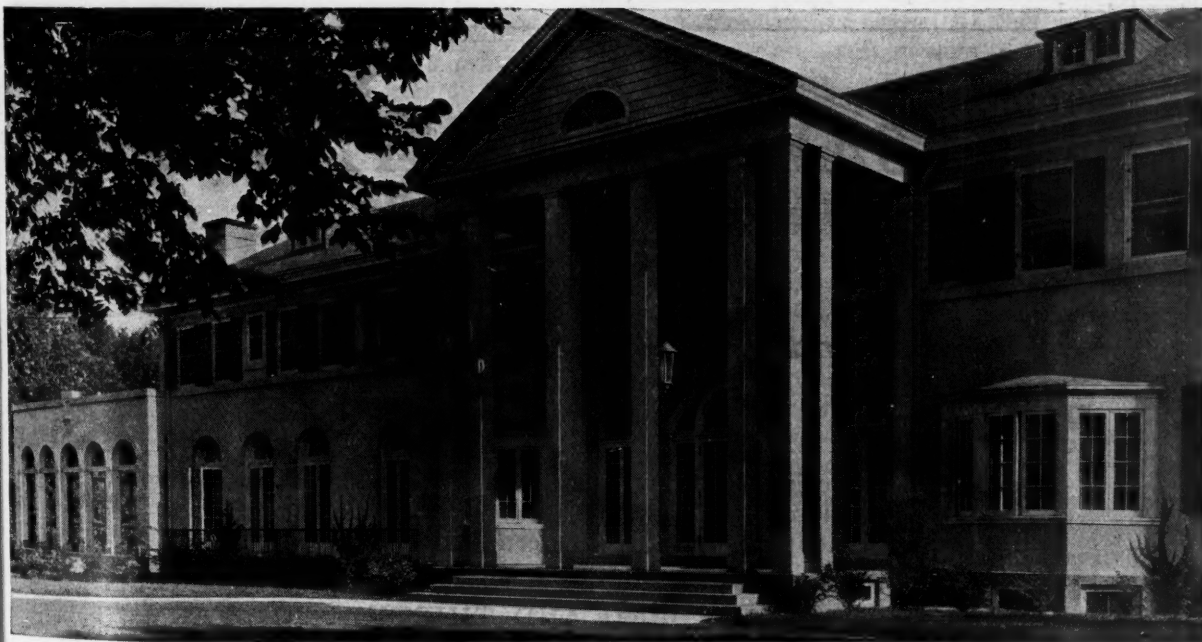
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Vol. XXIII.

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No. 6

Original Articles

ASCITES: REPORT OF SEVERAL INTERESTING CASES

C. R. HILLS, M. D.

(From the Department of Internal Medicine, University of Michigan Medical School)

ANN ARBOR, MICHIGAN

Within the past three years there have been in the wards of the University Hospital a number of cases of ascites which are not due to the ordinary causes, or which have presented features somewhat out of the ordinary. Cases such as the selected ones here reported fall under the care of most practitioners at one time or another and present problems which baffle even the expert diagnostician. Among the cases, five have been selected because of some particular feature or features.

Fluid in the abdomen is a common finding in many cases in the doctor's practice. The peritoneum lends itself admirably to the transudation or exudation of fluid and to the absorption of that fluid. It is a very vascular membrane, covered with epithelial cells lining the largest cavity of the body. There is always a small amount of moisture on the surface and on the great omentum which hangs like an apron from the transverse colon, but there is rarely any demonstrable free fluid. The whole peritoneum may act as a huge absorbing surface, but it is generally believed that the peritoneum upon the under surface of the diaphragm absorbs fluid most rapidly. Allbutt and Rolleston say, "The diaphragm contains a rich and complex system of lymphatics so disposed among the bundle of fibers that the contraction and relaxation of the diaphragm exercises a pumping action, whereby a constant current of fluid is drawn up from the peritoneum and passed into the thoracic duct and retrosternal lymph nodes."

Bolton did a great deal of work on the question of absorption from the peritoneal cavity and showed that it was drained principally into the retroperitoneal lymphatics. The drainage was accompanied by purely mechanical processes, force being supplied by respiratory movements. Some colloids and poisons diffuse directly into capillaries.

Leathers and Starling concluded that water was absorbed by osmosis and salts by diffusion. By destroying the endothelial cells with sodium fluorid and by scalding, it was shown that these cells had no active part in the process of absorption. Thus, according to their views, substances to be taken up by the capillaries must be diffused through the capillary walls, and must not exist in the same concentration on both sides of the membrane.

In health the transudation and absorption takes place at a uniform rate.

The peritoneum must necessarily be very resistant to bacterial infection, when we consider the numerous sources of possible infection. There are the intestines filled with bacteria, besides possible infection from the gall bladder, Fallopian tubes, uterus, urinary bladder and its own rich blood supply. This rich blood supply, of all the structures in the abdominal cavity, gives to this membrane, the peritoneum, great powers of combatting infection chiefly in two ways (1) by the outpouring of serum, itself a protective mechanism, and (2) by the escape of great numbers of phagocytes, large mononuclear cells which engulf offending bacteria. Fibrin is also early found in any inflammatory reaction which tends to glue together the coils of intestines and thus to limit the spread of the infection, confining it to a comparatively small area among the loops.

In the production of ascites, the balance between the production and absorption of fluid is disturbed, resulting in the collection of free fluid in the cavity.

Transudates and exudates are the terms applied to collections of fluid in the serous cavities. There is no sharp dividing line between a transudate and an exudate. The underlying cause of the collection of fluid and a few laboratory tests are the means usually employed in differentiation. Clinically, the differentiation is often difficult, as the laboratory tests on a specimen of fluid may have some of the characteristics of both. In general we have considered a transudate to be serous in character, straw colored, a specific gravity lower than 1.015 and an albumin content of 2.5 per cent or less. The total cell count is usually less than 200 per cu.m.m. Exudates may be

serous, serofibrinous, hemorrhagic, seropurulent, purulent or chylous. The specific gravity is higher than 1.015, albumin content above 2.5 per cent and cell count above 200 per cu. m.m. The underlying cause of the ascites is also a factor in differentiation. When due to circulatory disturbances, the fluid has the character of a transudate. The term exudate is applied to accumulations of fluid of inflammatory origin.

The following case reports are illustrative of conditions causing ascites, with a brief discussion of some of the criteria used in the diagnosis of the cases.

CASE I.—SCIRRHOUS CARCINOMA OF THE STOMACH, CARCINOMATOSIS OF THE PERITONEUM, ACUTE HEMORRHAGIC FIBRINOUS PERITONITIS

Mr. R. R. (No. 4338) male, age 22, entered the University Hospital on January 11, 1923, complaining of swelling of the abdomen, slight dyspnea and weakness.

He felt perfectly well up to three weeks previous to entering the hospital at which time he noticed a pain beneath the right rib margin, especially on movements. Two weeks previous to entrance his abdomen began to swell, and it became more difficult for him to stand upright. His breath also was becoming slightly embarrassed. Up to the time of entrance he had had no pain in the abdomen, no history of cough, haematemesis or night sweats. Following the enlargement of his abdomen, he was unable to retain any food. He lost about 10 lbs. in two weeks and was becoming rapidly weaker.

As the patient had been a wanderer since childhood, he knew nothing in regard to his family history. One year ago he was struck in the abdomen which caused him a little inconvenience for a short time. He was a moderate user of alcohol and tobacco.

The gastro-intestinal history was negative up to the onset of his present illness.

He denied venereal disease.

PHYSICAL EXAMINATION

He was well developed but undernourished, and was of a long, slender type of build. He was very uncomfortable during the examination due to marked abdominal tenderness. His skin was pasty in color and coarse in texture. The pupils were normal. The teeth were in poor condition. The tongue was coated and the tonsils were large and reddened. There was slight enlargement of the thyroid gland. The right side of the throat was slightly more prominent than the left. Expansion was limited on the right side. The respirations were regular and normal in rate. The maximum impulse of the heart was diffuse and the apex beat could not be sharply localized. The left border was well outside the nipple line and could not be definitely determined. The right border dullness was 5 c.m. to the right of the mid sternal line. There was no thrill. There was a questionable diastolic murmur heard in the 3rd intercostal space at the border of the sternum. The abdomen was markedly distended and presented the usual signs of ascites. Following tapping, there was visible pulsation of the aorta. There was marked generalized tenderness of the abdomen with muscle spasm. No masses were felt. There was

general lymphadenopathy. Extremities and reflexes were normal.

LABORATORY FINDINGS

Blood Pressure 140/60, 134/90; Urine, amber; acid; sp. gr. 1.022; albumin, trace; sugar, negative; sediment, few hyaline casts and W. B. C. Repeated examinations were similar. Blood, Hb. 80%; R. B. C. 4,240,000; W. B. C. 15,400; differential P. N. 86%; S. L. 1%; L. L. 2%; M. 11%. Platelets, normal. Wasserman, negative. Ascitic Fluid, Straw; sp. gr. 1.017; ab. XXX, cells 1089 per cu. m.m.; differential; R. B. C. 79%; P. N. 5%; S. L. 19%; L. L. 5%; 400 cells counted.

Animal Inoculation was negative for tubercle bacillus.

X-ray Examination of the lungs showed emphysema of right lung.

COURSE

At entrance T. 98.6°, P. 88, R. 22. The temperature was continuously normal. The abdomen was tapped four times during his stay in the hospital. Emaciation progressed rapidly. He became unable to retain food and the abdominal pain became very severe. A laparotomy was performed under local anaesthesia. The parietal and visceral peritoneum were found leathery in texture. No tubercles evident on either surface. The intestinal coils were firmly adherent. Retroperitoneal glands were enlarged. Enterostomy was performed with difficulty. A small piece of peritoneum was excised for pathological study which was reported as carcinomatosis. Death occurred a few hours after operation and an autopsy was performed.

AUTOPSY REPORT

Primary diffusely infiltrating carcinoma scirrhous of the stomach. Generalized carcinomatosis of the peritoneum. Hemorrhagic fibrinous peritonitis.

DISCUSSION

A rather striking feature of this case is the occurrence of carcinoma of the intestine in a young adult of 22 years of age. One sees a few cases of this character in a large clinic, but the percentage is very small. The fact that he felt perfectly well, three weeks before entrance to the hospital, without any previous gastro-intestinal history, was deceiving. Except for slight pain beneath the right rib margin, his first symptom was swelling of the abdomen, which came on suddenly, and was of short duration. With a malignant involvement of the peritoneum one would expect a hemorrhagic fluid, which was absent in this case. With the short duration, age of the patient, absence of any previous symptoms, practically negligible loss of weight, a non-hemorrhagic ascitic fluid of an exudative type and very little anemia, we believe one would be justified in making a provisional diagnosis of tuberculous peritonitis. Such a diagnosis was made in this case. In retrospect, however, there were one or two points to which possibly more attention should have been given. One was the total absence of fever. This point was brought up and it was thought that his manifestly se-

verely ill condition might account for this. The other was the peculiar boardlike abdomen. This, we thought, was due to matting together of the coils. Diffuse carcinosis never was considered, although as a bare possibility it should have been.

CASE II.—ASCITES, ACTIVE LATE SYPHILIS, SYPHILITIC HEPATITIS, SPLENITIS, AORITIS, AND ADRENALITIS—MULTIPLE GUMMATA IN PELVIC RETROPERITONEAL TISSUES

Mrs. E. W. (No. 4071) The patient, age 37, entered the University Hospital on December 14, 1922, complaining of weakness, gastric hemorrhages and swelling of the abdomen.

She dated her present illness to four years ago, following an attack of influenza. Her first symptom was palpitation. In April, 1922, she noticed some sharp pains in the lower abdomen, which occurred both during the day or night, had no relation to meals and were not associated with any urinary, menstrual or gastric symptoms. "Bloating" was noticed at various intervals, which she considered to be gas. There was no weakness noted at this time. Sixteen days previous to her entrance to the hospital she had 6 gastric hemorrhages in two days. Following the hemorrhages, she became weak, her abdomen became more distended, and the pains in the lower abdomen disappeared.

She had influenza in 1919. During the summer of 1922 she had had "cramps" in her legs and the calves of her legs had been "sore."

Her father died at 73 years of paralysis. She had two sisters die of "kidney trouble."

She was married the first time at the age of 19. Her first husband died of diphtheria. One child was born by this marriage which died in two weeks of a convulsion." Her second marriage was at the age of 34. Her second husband was living and well. There were no pregnancies from the second marriage.

PHYSICAL EXAMINATION

The patient was very much undernourished. She was uncomfortable during examination due to the ascites. Her head showed rather marked prominence of the frontal and parietal bosses. Her pupils were unequal and reacted rather sluggishly to light. There was marked engorgement of the veins of the neck. There was limited expansion of both lung bases. Heart was slightly enlarged with a heaving apex beat. There were numerous rough scratchy sounds over the precordium. There was a systolic murmur at the apex and over the aortic area. There was marked ascites at entrance. The examination following tapping showed the left lobe of the liver to be 5 cm. below the costal border. The edge was sharp and the surface was smooth and tender. The spleen was easily palpable. The superficial abdominal veins were markedly enlarged. There was superficial generalized shotty lymphadenitis. The knee jerks were increased. There was slight edema of the ankles.

LABORATORY FINDINGS

Urine, at entrance: amber; acid; sugar, negative; albumin x x. Sediment: many W. B. C., few R. B. C., no casts. Urobilinogen x x. Repeated examinations showed practically the same findings. Blood: Hb. 28%, R. B. C. 2,160,000, W. B. C. 13,000. Differential: P. M. 73%; S. L. 17%; L. L. 3%; Trans. 2%; E. 2%. Blood platelets, normal. Wassermann x x x x.

Ascitic fluid: Sp. gr. 1.014; clear; straw; alb. 24 G. per litre; 450 cells per cu. m.m. Wassermann x x x x. Kahn x x x x. Animal culture was negative for tubercle bacilli.

Spinal fluid: clear, normal tension, globulin x, albumin x x, cells 4, Wassermann x x x x, Gold Sol. 0011100000, Mastic 322210.

Electrocardiographic tracing was practically normal.

X-ray of the chest showed uniform thickened pleura over the left chest. No parenchymatous lesions or fluid.

COURSE

The patient entered the hospital in very poor condition with marked ascites, anemia and distressed respirations. While in the hospital she had to be tapped on an average of every three days, approximately 8 quarts of fluid being removed at each tapping. While on the ward she received mercury by inunction and K. I. On the final day of her illness, she suddenly had a profuse gastric hemorrhage, followed in an hour by a second one. Her condition became progressively weaker with no pain or other symptoms. At 10 a. m. the following morning she had a third hemorrhage, following which she became comatose, not responding to further stimulation. At 2 a. m. she had a fourth hemorrhage shortly after which she died, death occurring 20 days following her admission. An autopsy was granted.

PATHOLOGICAL DIAGNOSIS

Active late syphilis. Syphilitic hepatitis, splenitis, aortitis, pancreatitis, adrenitis, lymphadenitis. Focal leptomenigitis and multiple gummata in pelvic retro-peritoneal tissues. Chronic cholecystitis and cholangitis. Dilatation of hepatic and common ducts. Ascites. Chronic fibroid salpingitis.

DISCUSSION

The history of this case as outlined contains several interesting points. In the first place she dates the onset of her present trouble to an attack of influenza. In our experience in the hospital since the influenza epidemic, a large group of patients have dated the onset of complaints for which they entered the hospital to an attack of influenza.

With the history of palpitation for four years, following an acute infection, with the entrance findings of ascites and edema, one might have supposed that the patient was suffering from heart failure. This is the condition for which the patient was treated before entrance to the hospital and before she began to have severe gastric hemorrhages. In the presence of a huge ascites with severe gastric hemorrhages, one's attention is immediately centered on the possibility of cirrhosis of the liver, and after a close examination of the pupils, the probability of syphilis being the causative factor is suggested. This is borne out in this case by the serological tests on the blood and spinal fluid.

A rather striking feature of syphilis of the liver is the relatively large size of the left lobe, which often occupies the whole epigastrium and can be seen as a bulging tumor mass projecting from below the xyphoid process. The

very striking improvement in most cases of syphilis of the liver following the administration of mercury and K. I. was not present here. Evidently the cirrhosis had gone too far, the circulation had been too severely altered and before any benefit could result from specific treatment her varicose collateral veins in the stomach gave way. This is not an uncommon mode of death in the cases of severe cirrhosis, whether portal or syphilitic in type.

CASE III.—POLYSEROSITIS, MILLIARY TUBERCULOSIS

Mrs. N. L. (No. 5124). The patient, age 31, entered the University Hospital, March 26, 1923, complaining of bloating of the abdomen and a weak heart. The patient had an attack of "influenza" about February 1st, 1923. She was quite ill in bed for two weeks. Following this she was up in a chair and out in the yard on one or two occasions during the next succeeding two weeks. The first week in March, her abdomen began to "bloat," before she had regained her strength from the influenza. The condition progressed gradually. She has had dyspnea on exertion since childhood which has been rather exaggerated since the age of 23. She has had severe cough for three years, but no haemoptysis. Her appetite was poor since the onset of her present illness. She has vomited frequently. She has always been very nervous. Her best weight was 160 lbs. in November, 1922. Her present weight was 134.

The family history was negative.

Her husband was living and well. She had two children living and well. She had had one attack of tonsillitis two years ago.

PHYSICAL EXAMINATION

She was of small stature, underdeveloped and undernourished. There was a flush over the malar regions of both cheeks. Her pupils were normal. Her respirations were shallow due to fluid. The cardio-hepatic right angle was obliterated with marked dullness extending out into the right chest about $7\frac{1}{2}$ c.m. from the mid sternal line. The left border could not satisfactorily be determined. There was a soft blowing systolic murmur at the apex. There was dullness at the bases of both lungs with some dullness and fine crepitant rales at the right apex. The abdomen was markedly distended with all signs of fluid. Following abdominal paracentesis, the liver was found to be enlarged. There was no edema of the extremities.

LABORATORY EXAMINATION

Urine: clear; amber; acid; sp. gr. 1.032; albumin, negative; sediment 30-40 W. B. C. to low power field, occasional granular casts. Blood: Hb. 68%; R. B. C. 4,410,000; W. B. C. 3,400; differential: P. N. 80%; Eosin. $1\frac{1}{2}\%$; S. L. 9%; L. L. 7%; Trans. 3%. Blood Pressure 106/76. Wassermann, negative.

Ascitic Fluid: cloudy; yellowish brown; sp. gr. 1.018; albumin, 16 G. per litre; 850 cells per cu. m.m., mostly small lymphocytes. Wassermann, negative.

Pericardial Fluid: Straw; sp. gr. 1.022; 3,800 cells; albumin, 50 G. per litre.

Animal inoculation was positive for Koch bacilli on the ascitic and pericardial fluids.

X-ray of chest: Large cardiac area with chronic lung infection, probably tuberculous.

COURSE

The patient entered the hospital in very poor condition. Her temperature ranged between 101° to 103° . H. R. from 110 to 130 and respirations from 15 to 35. An abdominal paracentesis was done on two occasions with 11,000 c.c. of fluid removed. The pericardium was tapped on one occasion obtaining 330 c.c. The patient failed rapidly and died May 25, 1923.

AUTOPSY FINDINGS

Fibrinous pericarditis, perisplenitis, Plastic tuberculosis peritonitis. Milliary tuberculosis of lungs, spleen and liver.

DISCUSSION

The onset of the serositis had a direct relation to a previous attack of influenza. She undoubtedly had a chronic tuberculous process previous to the attack of an acute infection. One might be lead to consider the possibility of a cardiac lesion during her early life with a resultant Pick's syndrome following the acute infection.

There was nothing so unusual in the examination of the heart to lead one to believe that cardiac disease was the primary lesion. On the contrary, there were definite signs of pulmonary tuberculosis and the diagnosis was made during the life of the patient. Cases of a chronic form of serous membrane thickening adhesions and collections of fluid in the serous cavities, usually, but not always beginning as an adhesive pericarditis, are known as Pick's syndrome and are considered to be of tuberculous origin. This case was a frank serous membrane tuberculosis with general milliary tuberculosis in all probability having its origin in the lung infection. In no sense could this be called Pick's syndrome; however, it might be considered an argument for the probable nature of the chronic slow growing process which has Pick's name given to it.

CASE IV.—CHRONIC PERITONITIS—ETIOLOGY NOT DETERMINED

Mrs. A. (No. 4074). This patient, age 27, entered the University Hospital on December 14, 1922, complaining of swelling of the abdomen.

In July, 1922, following the normal delivery of a full-term pregnancy, she noticed a slight fullness of the abdomen associated with slight backache but no other symptoms. The increase in size was very gradual until October. At this time she had a sudden onset of crampy pains in the right lower quadrant which became much worse on movement. The pains disappeared during the night, but on arising in the morning her abdomen was so distended she was unable to put on her clothing. She had no gastric or urinary disturbance.

She had typhoid at the age of 16 and influenza at 22. She was jaundiced one year ago accompanied with pain between the scapulae and accompanied by headache. The jaundice cleared up rapidly.

Her father died at 58 of "dropsy." One brother died of "water on the brain."

She has two children living and well and there were no miscarriages.

The cardio-respiratory, genito-urinary and catamenia histories were essentially negative.

PHYSICAL EXAMINATION

She was well developed and nourished. Her mental state was normal. Her skin showed a sub-icteric tint and slight malar flush. Her pupils were normal. The mucous membranes were normal. There was a marked tremor of the tongue on protrusion. The tonsils were enlarged and red. There was slight enlargement of cervical lymph glands. The thorax was symmetrical and the respirations were normal. The heart was normal in size. There was a systolic murmur heard along the left border of the sternum. The radial pulses were regular and equal; the rate was 88. The lungs were normal. The abdomen was distended and symmetrical. There was marked tenderness in the upper right quadrant and slight tenderness in the upper left quadrant. No masses were felt. There were typical findings of ascites. The extremities were normal.

LABORATORY EXAMINATION

Urine: straw; acid, sp. gr. 1.020; albumin, negative; sugar, negative; sediment, negative. Repeated examinations similar. Blood: Hb. 65%; R. B. C. 5,030,000; W. B. C. 9,000 differential: P. N. 59%; Eos. 2%; L. L. 8%; S. L. 19%; M. 12%. Wasserman, negative. Spinal fluid: clear, normal tension, globulin x, albumin x x, cells 35. Wassermann, negative. Animal inoculation, negative for Koch bacilli. Ascitic Fluid: sp. gr. 1.022, 1,800 cells per cu. m.m. 900 W. B. C., albumin 32 G. per litre. Blood pressure averaged 100/70. T. P. R. normal throughout stay in hospital.

The gastro-intestinal X-ray was normal. Electrocardiogram was normal.

COURSE

Due to suggestive pupillary findings in the patient's husband, although his blood Wassermann was negative, the patient was placed on a course of potassium iodid and mercury inunctions without apparent improvement. As the fluid continued to accumulate slowly following tapping, she was placed on 20 grams of calcium chloride daily with some apparent benefit. There was a gradual increase in her urinary output with gradual diminishing ascites. She was tapped a few days previous to her discharge from the hospital and no fluid was obtained. She was discharged from the hospital without any findings of ascites but rather weak. She was advised to remain on a salt poor diet for a period of time as it was demonstrated that it tended to increase her ascites. We have had several communications from the patient in which she states that she is feeling perfectly well and carrying on her usual routine housework.

DISCUSSION

According to Allbutt one is occasionally confronted with a case of ascites in which the etiological agent is suspected only by the process of exclusion. The condition having followed the normal delivery of a child, would naturally lead one to suspect that the ascites bore some relation to this event. We were slightly suspicious of possible pathology in the kidneys, due to the history of onset and the patient's general appearance. This was ruled out very readily by repeated urine examinations.

In studying the case, our attention was especially directed to the appearance of the patient's husband. His pupils were definitely unequal,

although they reacted quite normally to light. We made a thorough study in respect to syphilis, the results being negative. The only positive finding during the studies was an increase in solids and cells in the spinal fluid for which no explanation was given. Due to our early suspicions of syphilis, she was placed on potassium iodid and mercury. The administrations of large doses of calcium chlorid had some apparent effect. For no known reason the ascites gradually disappeared. The patient left the hospital without any evidence of her former condition. One might speculate on the effect of the potassium iodid and mercury. We were inclined to consider that the patient had a chronic localized peritonitis following the delivery of her child, the condition gradually subsiding. As we have been able to follow the case and find that she has remained entirely well for a period of one year, we are more inclined to this diagnosis.

CASE V.—SYPHILIS—SYPHILITIC CIRRHOSIS OF THE LIVER; GUMMATA OF THE LIVER; PERISPLENITIS; PERIHEPATITIS; ASCITES

Mrs. K. W. (No. 3773.) Patient, age 29, entered the University Hospital, November 17, 1922, with the chief complaint of swelling of the abdomen. She noticed this swelling six years ago which was relieved by limiting fluids and taking diuretics. The swelling reoccurred four years ago and a third time in January, 1923.

Each time the ascites was controlled by limitation of fluid and by taking diuretics. After the ascites disappeared in January, she noticed a tumor appeared below the right costal margin which was slightly tender to pressure. She began to have slight nausea and vomiting. Her bowels were regular. She had had frequent fainting attacks and in July, 1922, her gall bladder was partially removed at another clinic. The removal was not completed as the gall bladder was partially adherent to the liver. Her appendix was removed at the same time. She was informed after the operation that her spleen and liver were enlarged. On this occasion limited fluid intake and the use of diuretics had no effect in reducing the ascites. She was tapped in August, 1922 and 12½ quarts of fluid were removed. She was tapped 14 times previous to her entrance to the University Hospital, the interval between tapings being 5 to 10 days. About 110 quarts of fluid were obtained. Her stools were never tarry, but had been light in color. She has had severe sharp pains in the upper right quadrant. She has never been jaundiced. She states that several blood examinations were negative for syphilis. This was confirmed by her husband.

She was married six years. There were no pregnancies. She has had frequent night sweats for several years. There was no cough. Her appetite was fair. She menstruated regularly up to the time of her operation in July, 1922. Her menses ceased following this operation. She has had marked dizziness and fainting spells and has complained of "sudden transient paralysis" of the right arm. Her average weight was 136 lbs. Her present weight 121 lbs.

Her father died at 39 of heart disease. One brother died at 17 of "dropsy."

PHYSICAL EXAMINATION

The patient was uncomfortable during the ex-

amination due to pain in the abdomen. Her pupils reacted sluggishly to light. The apex beat of the heart was not seen or felt. The left border was 10 c. m. to the left of the mid sternal line; right border was beneath the sternum. There were no murmurs. The aortic second sound was slightly accentuated. The lungs were negative. The abdomen was very prominent; the enlargement was symmetrical, extending from the xyphoid to the pubis and there was bulging in the flanks. There was a firm, irregular tender tumor in upper right quadrant, which descended on respiration. The spleen was not palpable. There was a small shotty adenitis of the neck, axillae and groin glands. There was slight clubbing of the fingers. There was slight edema of the legs, most marked at the ankles.

LABORATORY EXAMINATION

Urine: The examination was done on numerous occasions. The specific gravity ranged from 1.018 to 1.033; albumin, negative; sugar, negative; sediment, negative. Blood: Hb. 95%; R. B. C. 5,280,000; W. B. C. on 11/21/22 was 23,400; on 11/22/22, 11,000; on 11/23/22, 10,400 and on 11/28/22, 9,200. Differential count at entrance: P. N. 75%; S. L. 2%; L. L. 22%; Mono, 2%; Baso. 2%. Platelets, normal. Wasserman x x x x. Blood pressure 104/82. Urobilinogen, negative.

Ascitic fluid: Sp. gr. 1.008; straw; 40 cells; albumin 15 G. per litre. Wassermann x x x x.

COURSE

The patient entered the hospital with the complaint of rapidly occurring ascites and some pain in the upper right quadrant. During her eight month's stay in the hospital her abdomen was tapped 38 times and 149½ gallons of fluid were removed. This combined with the 28 gallons obtained before admission to the hospital makes a total of 177½ gallons of fluid removed. In spite of her rapidly reoccurring ascites and long stay in bed, the physical condition of the patient remained good, her general condition being practically as good immediately before death as when she entered. Due to the finding of the positive Wassermann, she was placed on mercury by inunction and potassium iodid. Her treatment falls roughly in three periods. The period of mercury and potassium iodid was continued for about two months. In January, 1923, she was given calcium chlorid 12 grams daily by mouth with the hope that it might have some effect on delaying the accumulation of the fluid. This was continued 12 days without effect and the patient refused further treatment. She was also placed on a regime of the various diuretics without effect. She was never free from severe pain more than 1 or 2 days at a time and required morphine to control this. There was a very short period soon after entrance when codein by mouth and placebo hypodermics had some effect. Due to the fact that there was very little change in her physical findings and the interval between tapings was unchanged, it was thought worth while to do an abdominal exploratory operation in the hope of offering some benefit. She was operated June 13th, 1923. She was found to have typical nodular gummatus liver with marked perihepatitis. The liver was adherent laterally and superiorly and there were numerous adhesions between the intestines and parietal peritoneum which were limited to the upper half of the abdomen. There were no adhesions in either of the quadrants corresponding to the point where the trochar had been inserted. The spleen was moderately enlarged and adherent.

For the first few days after operation, the patient felt very well. Her ascites gradually returned and soon spontaneously drained through a stitch

hole. About 10 days post-operative, she developed severe uncontrollable pain in the upper right quadrant and rapidly failed. She died 14 days post-operative. An autopsy was not permitted.

DISCUSSION

The effect of diuretics in the early history of the disease in this patient is interesting as previous to entrance to the hospital it led to a diagnosis of kidney disease with the idea that diuretics such as diuretin had its primary action on the kidney. It is well known that the ascites in early cirrhosis, especially syphilitic cirrhosis of the liver, repeatedly may appear and disappear spontaneously. Likewise, any therapeutic procedure which produces increase in fluid output may have a tendency to reduce the ascites over a limited period of time.

The formation of the fibrous tissue in the liver is relatively slow, which can well allow for the establishment of a collateral circulation. We feel that it is possible to assume that the periodical appearance and disappearance of ascites in early cases of this type can be explained on the theory that there is periodic establishment of collateral circulation until the fibrosis becomes so extensive that the circulation is permanently interfered with, thus causing a persistent ascites. The presence of small gummata with the formation of scar tissue in the process of healing will produce a similar picture.

The presence of congenital syphilis must be considered, although the age incidence would be rather unusual. Individuals with congenital syphilitic cirrhosis rarely reach the age of adult life. The fact that the patient denied any knowledge of having acquired syphilis cannot be considered too seriously, especially in a woman, as the primary lesion is usually painless, appearing and disappearing without any knowledge of its presence on the part of the patient.

A most striking feature in this case was the enormous amount of fluid removed and the fact that there was no local inflammatory reaction at the places of puncture. The loss of albumin in the fluid was great, never-the-less the patient did not emaciate in spite of the fact that she did not have a large appetite. She did not respond in the least bit to anti-syphilitic treatment. Here again, as in Case No. 2, the process had evidently reached a stage where fibrosis had replaced gummata. At times the shrinking of gummata and the development of fibrosis actually increases the ascites.

* * *

I am indebted to Dr. L. M. Warfield, Chief of the Department, for the privilege of reporting the cases and for many helpful suggestions.

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REPORT OF A CASE OF XANTHOMA DIABETICORUM; ITS RESPONSE TO INSULIN TREATMENT, QUESTION OF FAMILIAR TENDENCY

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This case is reported because of two important features associated with it; namely that of the cutaneous lesions occurring in both mother and son, and secondly, because

a follicular eruption. The lesions appear to have a predelection for the extensor surfaces of the forearm, the elbows, knees, the back and the buttocks and may be limited to these regions. However, no portion of the body appears to be free from the more

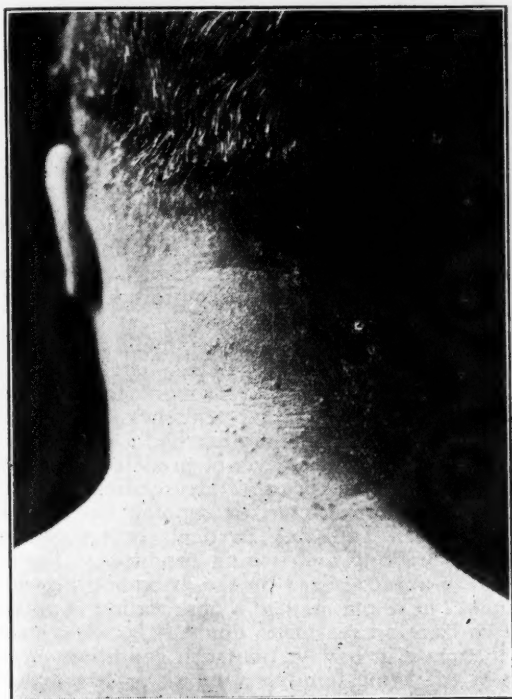


FIG. 1.

of its surprising response to insulin treatment. The eruption was diagnosed and confirmed by a histopathological study, which is reported in the case.

There is no doubt in our minds as to the relation of the xanthoma eruption to diabetes, however the close histological resemblance of Xanthoma Diabeticorum to the Xanthoma Tuberosum, should lead us to make a careful diagnosis of the lesions as they occur on the skin.

Xanthoma Diabeticorum is a cutaneous eruption characterized by somewhat erythematous papular and nodular elevations occurring first usually as scattered lesions; which, however, may group and become aggregated. The lesions are solid and firm in character, elevated and conical and consisting of a reddish base in their first development and later this fading to a pink. Some show a yellow tinge to the apex. The papules may be pierced by a hair, but it is not

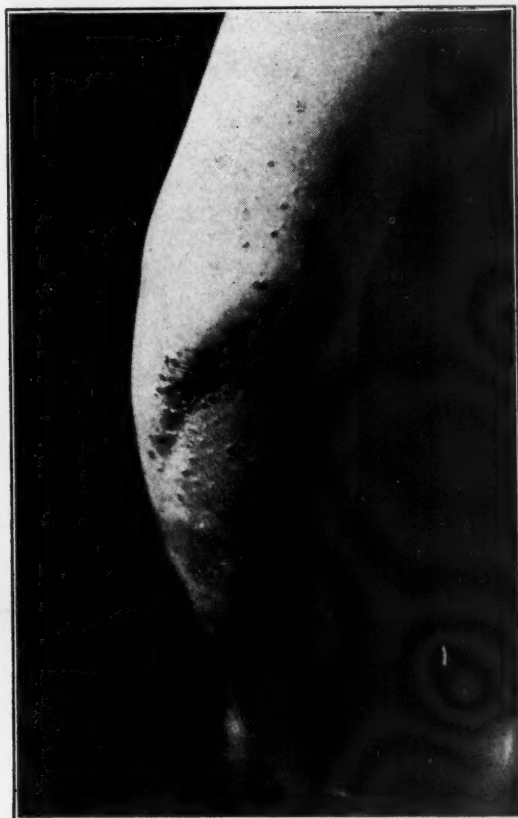


FIG. 2.

severe eruptions. In our case the eruption was limited to the areas of predelection. The eruption may occasionally be seen in the mouth.

There is often associated a variable degree of itching and burning which may be extremely troublesome to the patient. The eruption may completely disappear under



FIG. 3.

proper treatment for diabetes, but often the eruption is apt to show accession of new



FIG. 4.



FIG. 5.

lesions with involution of some of the old ones, before disappearing entirely. They are often said to appear in streaks along the course of a cutaneous nerve supply. It appears much more frequently in men than in women and usually between the ages of 25 and 50, although several cases are reported of it having occurred in children. (1) There is also a case on record of it having occurred in a young individual of 17. (2) There is a particular tendency for it to occur in healthy, florid appearing individuals, however, we have a case on record of it having occurred in a young male who did not tip the scales over 100 pounds. We were unable to report this case as the individual appeared in our office in 1922 and refused to follow the diabetic regime. Insulin was unobtainable then.

CASE REPORT

The patient, age 40, a Jew, a salesman by occupation, appeared in our office for the first time February 11, complaining of an eruption occurring on the buttocks, back, knees, elbows and dorsum of the neck, with some discomfort caused by a pricking sensation.

F. H.—Mother had diabetes mellitus and died of complications, Dec. 3, 1922. The patient related a bit of history that brought to our minds the question of a familial tendency. He makes note of the fact that his mother had a similar eruption occurring in the areas of predelection for the Xanthoma Diabeticorum. He claims that the lesions had the characteristic capping like his own, were as hard and was particularly troublesome from the pricking and itching produced. The lesions were unrecognized by the attending physician as such, but if our patient's observation is reliable and we have no reason to doubt it is, we certainly are fortunate in having two such conditions occurring in the same family. One sister has diabetes but thus far has shown no cutaneous lesions.

P. H.—He had the usual childhood diseases. Neisser infection at the age of 18 and a reinfection at the age of 32. A chancroidal infection in 1898.

M. H.—Was never married.

P. I.—He dates his present illness back to 6 years ago when he was forced to seek advice of his physician, Dr. Varney, for a skin eruption as at the present time and discovered that he had Diabetes. He does not recall of having had Polydipsia. Under treatment the cutaneous manifestation disappeared and for 6 years no trace of a skin eruption could be found. During this period he was under no doctor's care and did not adhere to a strict diet. He had had no urine analysis during these 6 years.

Six weeks ago the eruption reappeared. At that time the patient had the subjective symptoms of increased thirst, polyuria and an associated neuritis of both feet. He entered the office on February 11.

P. E.—The patient was well nourished florid individual weighing 180 lbs.

The eyes reacted to light and accommodation. The retina showed no changes.

The tonsils were large and septic.

The second right lower molar showed periapical pathology.

The rest of the examination was negative.

DERMATOLOGY (Fig. 1)

Over the extensor surface of the arms, the elbows, dorsum of the neck, right flank, buttocks and knees could be seen many papules and nodules which showed a distinct tendency to arrange themselves either in lines or groups. The lesions are monomorphous, firm, conical and consisting of a reddish base. They are capped for the most part by a yellow or yellowish white apex, or by a fine dirty scale. Some of the papules are pierced by a hair which, however, soon breaks off at the apex of the lesions, leaving a dark pin point in a field of light yellow or white, and giving the lesions the appearance of having little rings on their apices. The lesions are for the most part discrete with only a few showing some tendency to confluency. Over the buttocks the lesions number about 250. They are neither painful or tender to touch. They do not appear to be affected by trauma. The patient complains, however, of feeling as if sitting on a bean bag or on gravel.

LABORATORY FINDINGS

The urine was strongly positive for sugar (Benedicts and Fehlings).

Blood Wasserman Negative.

Blood sugar, .2.

A blood Cholesterin was done and was found to be 352 Mg. per 100 C.C.

A blood fat was done and was 1 Mg. per 100 C.C.

R. B. C. 4,000,000.

W. B. C. 9,000.

Hemoglobin 90.

The pathological process producing this, has been brought to light within recent years by Pollitzer and Wile in their work on Xanthoma. Xanthoma is characterized by an increase in the blood cholesterol appearing in the form of cholesterol fatty acid esters. This increase in the lipid substance of the blood in these conditions is accompanied by a passing through of these cholesterol esters through the capillaries at points of diminished resistance and therefore appearing in the lesions. For a more complete report of the authors refer to the original article written by Pollitzer and Wile.

HISTOPATHOLOGY

Several papules and nodules were removed for Biopsy under local anesthesia and a study was made.

The epidermis was intact. There is a complete loss of the Rete Pegs over the lesions, but they appear to be increased in length along the periphery. In the upper part of the Corium groups of atypical cells, looking like atypical endothelioid cells and resembling very much the cells of the lymph amgioma hypertrophicum are seen. Groups of these cells show the characteristic lipid change of a Xanthoma. Many of the cells are multi nuclear and they show a tendency to form whorls replacing the collagenous tissue and appear Neoplastic in type. The Xanthoma cell character is seen only in the central part of the larger cell areas. The lymph and blood vessels are dilated and throughout the lesion there is a variable degree of cellular infiltration consisting of round cells and polynuclear leucocytes. (Fig. 11) Many of the connective tissue cells appear swollen.

TREATMENT

The patient was placed on the Newburgh-Marsh high Fat Diet. (4) approximately 1652 Calories P. 34. F. 176 C. 26, this was gradually increased and the excess supplanted by (Ely Lilly's

U) Insulin 10 units daily. The patient has been kept sugar free with the following results.

The lesions began to flatten out and became more pink; some of the lesions showed a similar involution as that reported by Engman and Weiss (5) in that there was a tendency for the surface and center of the lesions to shrivel, leaving a ring of Xanthoma.

After four days of treatment with Insulin it was discontinued and the patient was capable of maintaining a fair diet and at all times being sugar free (no Glycosuria) 10 days after the patient's first appearance in our office the lesions had almost completely involuted. The lesions on the back of the neck were the first ones to disappear.

SUMMARY

We do not believe that Xanthoma Diabeticorum is on the increase, but rather that we are more capable of recognizing the lesions as those associated with diabetes. Although there are only about 70 cases on record, we feel that there are numerous cases that have not been reported.

The question of familial tendency has not received much attention in the past. In our particular case with both mother and son affected by a similar eruption, would indicate that such a thing is possible. The son, therefore, not only inherited the diabetes that is so characteristic of his race, but also the tendency for a diabetic xanthoma.

With insulin we have found a way in which we can speed up the involution of the lesions. It was amazing to see how four days of treatment with insulin, plus a carefully balanced diet, in which the blood sugar was restored to normal, had caused such a marked involution of the eruption.

Just what part insulin plays in reducing the cholesterol in the blood cannot be definitely stated. We cannot venture at this time to explain some of the modern conceptions or theories on the subject until the blood chemistry is more thoroughly investigated.

We did not deem it wise to continue our insulin injections as long as we were capable of keeping our patient free on a fair diet.

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DROPPER SUCTION TREATMENT OF DISCHARGING EARS

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Otologists are almost unanimous in the opinion that a wide incision of the ear drum is indicated in acute purulent otitis media. Nevertheless the question of treatment immediately following the myringotomy is the subject of a wide divergence of opinion. There are the followers of the douche and irrigations, there are others that feel that gauze drains are to be used, still others whose treatment consists of ear drops, and many that employ methods which are combinations or modifications of these plans. Even in the camp of the "irregators" there is a divergence of opinion as to how many irrigations are needed and how they are to be employed and also what solutions are the most desirable for this purpose. I believe that recent thought among otologists is to get away from the time-worn douching treatment of the ear, for the reasons that instead of accomplishing its purposes it tends to a further spread of the disease, adds secondary infection from the outside and causes a desquamation in the canal that interferes with both drainage and vision. The objections to wick treatment have been that it has a tendency to block up the secretions, causes a local reaction in the canal, and necessitates the constant vigilance of the attending physician.

In considering the use of ear drops in post-myringotomy treatment, I have observed that the forms and compositions of the drops are legion which at once indicate the lack of any specificity of each in its therapeutic role. Nearly all of the newer and the older antiseptics have been incorporated in the use of ear drops. Of the former those appearing mostly in literature are mecurochrome and acriflavine, and of the latter, bichloride of mercury and the iodides may be mentioned. Astringents are usually incorporated in ear drops and of this class may be mentioned alcohol in its various strengths and the weak formalin solutions. That ear drops per se do frequently possess marked therapeutic value in many cases, cannot be denied and this is also true of the other forms of treatment as outlined above.

There has appeared recently in the literature the use of suction apparatus following the myringotomy operation. The purpose of this treatment being threefold: Firstly, to aid drainage, secondly to keep the wound open, and thirdly, to prevent complications. In the hands of the advocates of this method, the results are most gratifying.

E. R. Carpenter (1) goes so far as to say that with the use of the suction method 90 per cent of mastoid involvements and chronic suppurations can be avoided. He employs from five to fifteen pounds of pressure as soon as possible after the drum incision. Callison (2) advocates, short vacuums frequently repeated, using a low vacuum pressure. He claims that he has found no method to equal the suction in removing the viscid mucous secretions from the middle ear. A point brought out in the advocacy of the suction treatment is that as the edges of the incision are better kept apart, reincisions are less frequent. Though I am a firm believer in the principles of this treatment, I feel that there are some objections to its general adoption. In the first place, the patient must be brought to the office or hospitalized in order that this treatment may be given, and if this is indicated more than once daily, it proves impractical in its application. Furthermore, a great percentage of acute ears are operated in the homes and the otologist cannot conveniently carry along in his armamentarium a portable suction apparatus of the proper kind and with the proper accessories. Another objection is that it is more or less painful and psychically upsets the patient, making the management of the case more difficult.

Overcoming many of the objections in the various methods of treatment, including the suction, I have on the other hand incorporated their salient objectives in the following routine treatment which I have adopted in the management of all cases following myringotomy. Immediately following the incision, the canal is irrigated with some warm Wright's solution, which consists of 1 per cent citrate of soda in a 4 per cent saline solution. The action of this solution, as explained by Leland (3) is, first, to prevent blood coagulation, and secondly, by its osmotic action, to favor drainage. Following the irrigation, a sterile gauze wick is introduced into the canal, saturated with the solution. If the operation is done in the afternoon the gauze wick remains until the next morning, or if done in the morning, until the same evening, when it is removed. If, upon removing the gauze the canal and middle ear are found filled with purulent secretion, the dropper suction treatment is then employed.

This consists, first, of instilling into the ear canal with a large size medicine dropper a warm antiseptic solution. Any of the various antiseptics may be used. I am using for this purpose equal parts of pure alcohol and a solution of 1:500 neutral acriflavine. After a few minutes the fluid is withdrawn by the suction action of the dropper by

pressure on the bulb in the usual manner. The withdrawn fluid is then expelled, the dropper cleaned in sterile water and the drops again instilled. The suction and instillation is repeated until all particles of pus and mucous are removed and this can be easily determined by looking at the contents of the medicine dropper and noting whether it contains pus particles or not. When the middle ear is thoroughly drained by the dropper suction treatment, a few drops of the solution are once more instilled, the canal closed with cotton and this remains until the next treatment, which is advised from three to four hours later.

My personal experience with this routine has been indeed gratifying. Most of the ears show a healed drum and a subsidence of the symptoms by the third day. However, I do not claim this to be a panacea for all middle ear infections. I have not lost sight of the necessity and the importance of treating the patient constitutionally as indicated by his general status. As nasopharyngeal structures are usually the primary site of the focus of infection to the middle ear, attention must be directed to these areas and the appropriate medication and treatment instituted. It has been my policy to advise the immediate removal of the adenoids in infants when a wide incision of the drum and the consequent medical treatment brings no subsidence of the symptoms and pathology. The remarkable change for the better that follows an adenectomy in these cases merits its more cordial adoption by the profession in its efforts to combat the complications of otitic infections such as mastoiditis, sinus thrombosis, brain abscess, etc.

In conclusion I may add that I do not claim any priority in the use of the dropper suction method of treatment for I understand that it has been adopted in some of the institutions in the east. I think that this method merits the earnest consideration of the profession in the treatment of post-myringotomy cases. It is simple and can be readily carried out by the mother, nurse or physician. Not only is the treatment indicated following operative treatment of the middle ear, but in any cases of discharging ears where there is no involvement of the deeper structure.

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BISMUTH IN THE TREATMENT OF SYPHILIS

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In response to numerous requests from various members of the staff for more information in regard to bismuth therapy in syphilis, I have decided to present this brief review of the literature and my experience with this drug.

Bismuth has long been known to possess bactericidal properties. Odin in 1786 used it in gastric affections. Bismuth has been used for its local effect as a dusting powder. In 1889 (1) Balzer did a considerable amount of experimental work on the toxicity of Bismuth and decided that it was too toxic for use. Sazerac and Levaditi, in 1920, (2) investigated the use of sodium and potassium tartro-bismuthate on various syphilitic lesions and found this drug beneficial. Fournier (3) and Guenot verified their results clinically and announced in 1921 that bismuth had a decided curative action in syphilis.

In studying the problem of a syphilis therapy we must determine these factors: (1) the effect on the spirochete in different stages. (2) on the blood and spinal fluid reactions. (3) on the symptoms of the disease present at the time. (4) on the presence of further syphilis symptoms. (5) the harmful effects. We will try to follow out the action of bismuth in reference to these points. The most important new salts of bismuth are the hydroxides, iodoquinates, the sodium and potassium tartrate and the salicylates. The average dose is from 6 to 15 cgms, and these salts are put up in an oily suspension given in intramuscular injection on the average of every two or three days. The amount given in one course is about 2 gms., followed by a rest period of from one to two weeks, and then a continuation of the treatment.

Bismuth exerts a direct action on the spirochete and is more bacteriocidal than mercury. (4) Various writers state that 24 hours after the injection of bismuth the spirochete cannot be found in the primary sore and the sores completely heal after four or five injections in eight to fifteen days. In secondary syphilis the mucous patches disappear rapidly. As to skin eruptions, some disappear rapidly and some not so rapidly. Bismuth is much safer in nephritis, the Wasserman is negated in about 30 days. Tertiary syphilis shows the healing of gummata and ulcerations rapidly, 15 to 20 days. Tabes dorsalis responds rapidly, lightning pains disappear and crises improve. Spinal fluid rapidly becomes normal and the spinal system does not seem to be involved as much as with salvarsan. Visceral

syphilis, aoritis, osteitis and eye infections show marked improvement under this method.

Bismuth is absorbed rapidly from the muscles. It can be demonstrated in the saliva within 24 hours, in the urine within 18 hours, in the cerebro-spinal fluid within 96 hours. The effect seems to be quite lasting and elimination becomes slow with increase in treatment, bismuth being found in the urine as late as 28 days after the last dose.

The untoward results of bismuth therapy are salivation, stomatitis, ulceration of the throat, diarrhoe, albuminuria and death, but at the present time there has been no evidence of fatality with bismuth. Fowler's solution and due attention to prophylaxis has been sufficient to overcome the stomatitis. The symptoms of cumulative action of bismuth is headache, malaise, weakness, together with albuminuria and jaundice. These symptoms are treated with iron and arsenic. There has been no Herxheimer reaction noted.

A perusal of the foreign literature shows great enthusiasm for bismuth as an adjunct in the treatment of syphilis and the system followed in some of the European clinics is as follows: An intensive attack with salvarsan, or neosalvarsan, using from 8 to 12 injections; a rest period of one week; bismuth .6 gm. doses 10 to 15 injections intramuscularly, then mercury, soluble, or insoluble, also intramuscularly. An interesting report from the clinic of Dr. Mucha, Heilanstalt in Vienna is as follows:

"In 36 cases of treatment of lues no cases of Herxheimer eruptions, only two cases of stomatitis, which were easily relieved without interruption of treatment; no cases of albuminuria by either chemical or microscopic examination; no enteritis; 1 case of icterus, which disappeared on continuation of treatment. In regard to weight, 5 patients held their weight, 3 lost considerably and the balance gained in weight. In regard to results on visible symptoms, we had one case of secondary and one case of genital papules. Both disappeared after the third injection and were Wasserman negative at the end of the first course of treatment. We had 7 cases of sclerosis, which we treated with a combined neosalvarsan and bismuth. The lesions disappeared on the average of 6 to 8 days and were Wasserman negative at the end of the course of treatment. In regard to the change in the Wasserman reaction in latent cases, the average of 12 grams of bismuth was found to cause a reversal of the Wasserman reaction.

University Skin Clinic in Bonn:—An interesting observation, made at this clinic, is the point that although bismuth is found in the spinal fluid, they raise the question whether the concentration is sufficient to act as a spirocheticide, and they also state that the number of cases was not sufficient in order to be able to arrive at a proper conclusion. However, their results are very similar to those previously reported. They also report a case where spirochetes were found in a sclerosis; no spirochetes being found two days after treatment;

after 10 days spirochetes were again found and after this they disappeared permanently. Their conclusion here is that bismuth certainly lessens the infectivity of the lesions. The slower disappearance of the spirochete possibly accounts for the absence of the Herxheimer reaction and the spirochetic fever. In the cases of primary roseola, plaques, papules, alopecia and adenitis, it takes longer for these to disappear with bismuth than with salvarsan; 3 to 5 days with salvarsan and 6 to 16 with bismuth. Cases of papular efflorescences on the extremities which were resistant to mercury and salvarsan, yielded, but also slowly. There seems to be a beneficial action on the specific alopecia as they report regeneration of the hair and eyebrows after 10 to 20 days. In 13 cases of secondary syphilis the Wasserman reaction was negative in 4 cases; weak in 5 cases and positive in 4 cases. There is little pain from the injection; no liver symptoms; no kidney symptoms. Although bismuth is behind salvarsan in speed of results, it is that much ahead of mercury. It works better than mercury and can take the place of it in combination with salvarsan.

From the clinic of Herxheimer, University of Frankfort, comes this report:

"The fact that the treatment of syphilis with mercury and salvarsan leaves much to be desired has caused research workers to look further for a method of treatment and the discovery of bismuth. For the past two years this treatment has been tried on the continent. The experiments of Sazerac and Luvaditi show that by experimental syphilis, as with human syphilis, bismuth shows a strong treponemocidal action. Fournier, Guenot, Lacopere, Pomoret and many others tried various combinations of bismuth and advised of its possibilities. In two years the literature has grown to such an extent that to attempt a report on the literature is rather impossible. However, most of the authorities were agreed on the same thing; that in bismuth a new syphilitic agent had been found that stood below salvarsan and above mercury as a spirochetal agent. They found that the spirochete disappeared rapidly from primary lesions; that secondary lesions disappeared in from 3 to 6 days; that tertiary lesions were decidedly benefited and that Wasserman-fast reactions were made negative. Harmful results such as stomatitis, gastro-enteritis, nephritis, vomiting, diarrhea were found by the intravenous injections of a colloidal bismuth, but were infrequent with the intravenous injections of a colloidal bismuth, but were infrequent with the intramuscular. They found that the spirochete was less active after 4 hours and disappeared with about the same rapidity as under Salvarsan therapy. Maculo-papules and pustules disappeared in 10 to 14 days."

I have for some time been experimenting with the use of bismuth in the various forms of syphilis and a resume of the treatment is hereby appended: Altogether I have used bismuth in 29 cases with the following results:

Primary lesion—chancre, 2 cases. Treatment given; neosalvarsan, 7 injections, bismuth salicylate 14 injections. At the time of the be-

ginning of treatment one case was Wasserman positive, the other Wasserman negative. At the end of the treatment both were Wasserman negative. The lesions disappeared on the average of eight days.

Secondary—2 cases—Wasserman on both at beginning of treatment XXXX. Treatment given; neosalvarsan 2 injections, bismuth salicylate 14 injections. At end of this time case No. 1 had a negative Wasserman, case No. 2 a XXX Wasserman. Skin and throat lesions disappeared inside of one week.

Active tertiary—4 cases.

Wasserman on all of these cases, XXXX.

Case No. 1 received 7 injections of neosalvarsan and 8 injections of bismuth salicylate. Wasserman at the end of this time XXXX. The lesions had disappeared at the end of 10 days.

Case No. 2, a fat woman, was given bismuth salicylate only. After 8 injections XXX Wasserman; after 14 injections X Wasserman. Lesions disappeared in 16 days.

Case No. 3—Three injections neosalvarsan; 16 injections bismuth salicylate. Wasserman negative. Lesions disappeared in 4 days.

Case No. 4—Four injections neosalvarsan; 20 injections bismuth salicylate. Wasserman negative. Throat lesions disappeared in 8 days.

Of these four cases Nos. 1 and 2 had had previously 12 injections of neosalvarsan and from 20 to 30 injections of mercury. Cases Nos. 3 and 4 had had no treatment previously.

Latent—19 cases.

These were patients that I had under treatment and on rest periods at the time. These were all put on bismuth, receiving from 8 to 24 injections. Six cases returned a negative Wasserman at the end of the course of treatment; 4 cases changed from XXXX to X and XX and 9 cases were still XXXX at the end of the treatment.

Gummatous—1 case.

This was a gumma of the right leg with a XXXX Wasserman. The patient had received at one time or another 15 injections of neosalvarsan and about 40 of mercury. This patient received one injection of neosalvarsan and 16 injections of bismuth salicylate. The gumma disappeared after four weeks, but the Wasserman was still XXXX.

We have at the present time a number of cases under treatment with bismuth only in the clinic and the results seem to indicate that it works better in combination with salvarsan than when used alone, but I will be glad to report later when the series is completed.

Summing up this rather limited experience with bismuth salicylate, I find myself heartily in accord with other writers, who state that in bismuth we have an adjunct in the treatment of syphilis that stands far above mercury, but below salvarsan in efficiency. Some of the

more important points which may be summarized are:

It is practically painless.

It is better tolerated than mercury.

Produces no Herxheimer reactions.

Can be used in patients with nephritis.

Its slower action helps protect the patient against the early development of neurosyphilis.

It is very efficient in cases that are Wasserman-fast to salvarsan and mercury. All in all, it is my opinion that it is well worth using as an adjunct in the treatment of this most protean of diseases.

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THROMBO-ANGIITIS OBLITERANS

WILLARD D. MAYER, M. D.

DETROIT, MICHIGAN

Thrombo-angiitis is a disease characterized by occlusion of the blood vessels of the extremities. That such a disease existed has been noted for many years; and such writers as Friedlander, Von Winiwarter and others have written extensively upon this subject many years ago; however, a study of the literature reveals a certain degree of confusion existing in the classification of the various conditions characterized by vascular occlusion as for example Raynaud's disease, endarteritis obliterans, syphilitic endarteritis, arteriosclerosis and erythromelalgia. It remained for Leo Buerger (1), (2), (3), (4), of New York City, to properly classify this particular disease, describe its symptomatology and pathology as a distinct clinical entity and even to give it its name.

The etiology of the disease is not definitely known, but various factors considered of importance are stasis, dependency of limbs, trauma, activity of the circulation, tobacco and

thermal influences as exposure to cold; infection of some sort has been considered and microscopically there is some justification for considering this an infective process, but there has never been an infective agent found. Careful search has been made for pus producing organisms, tubercle bacilli, also spirochetes, but without success. Leukocytosis has been found in early cases of this disease by Thomas (5). Tobacco is apparently a predisposing cause and Erb and Willy Meyer (6) have thought that tobacco could give rise to vascular changes. Foods have been considered as a factor in the production of the disease, but as the disease is never seen in women, foods could be ruled out. Rye bread has been considered by some observers as being an etiological factor on account of its relationship to ergot poisoning. However, rye bread is eaten extensively in other countries, notably Germany, where the disease is rare. That it may be an endocrine disturbance has also been considered, but no definite justification for this etiology could be determined; however, some endocrines have been used in its treatment. Occupation seems to have no relation to the cause. Kogo and Mayesima, two Japanese clinicians, have considered altered viscosity of the blood as being a causative factor and treatment based upon this has been used with reported success by Willy Meyer and Dewit Stetten and others.

The condition is generally seen in males and starts generally between the ages of twenty and forty years. It is usually seen in Hebrews of Russian, Polish or Galician birth. Buerger has mentioned cases occurring in American born of parentage coming from the countries mentioned. I have been unable to find note of a higher incidence of the disease in individuals coming from any particular district in countries mentioned. Koyano (7) and Kumita (8) report having seen the condition in the Japanese and Ochsner reports having seen it in Swedes while Whyte has seen it in Chinese. All of the cases that I have seen have been in Hebrews.

PATHOLOGY—GROSS AND MICROSCOPIC

There are certain difficulties encountered in a study of the early pathology of this disease because the early changes in the arteries as a rule cannot be studied by the pathologist because the indication for amputation of an extremity does not exist, hence the laboratory does not receive the material until the arterial lesions are well advanced. However, as the small and superficial veins are involved early in the disease and are readily accessible for study, the information needed has been obtained from the study of small sections of superficial veins. It has been found that early in the course of the disease a phlebitis occurs

in many cases; it is often migrating in character and manifests itself by small tender masses along the veins in both the arms and legs and it may be the first evidence of diseased blood vessels. A microscopic study of a section of such an involved vein shows an infiltration of all of the coats of the vessel wall with leukocytes; there is a soft clot in the lumen of the vein. This clot is composed of red and white blood cells, also fibrin. Buerger has described giant cells, and on account of this, thinks that he is dealing with an infective process. The further course of the disease discloses organization of the clot so that fibrous tissue formation occurs in the clot and canalization of the clot as well. A definite canal will be formed in clot which lies within the lumen of the blood vessel. Gradually the infiltrating leukocytes in the media and adventitia disappear and the vessels appear to be a rather firm cord. The cut surface of vessel wall involved shows a rather firm clot present in the lumen of the blood vessel. If amputation be performed on blood vessels in this stage, practically no hemorrhage ensues as the blood vessels in this stage are well "plugged." As the condition advances, the artery, vein and nerve becomes quite firmly bound together in an adherent mass as there is considerable periarteritis. The intima is preserved entirely and there is no proliferation of the endothelial cells as has been described in obliterating endarteritis. Von Winiwarter and Friedlander attribute the closure to proliferation of the intima. Weiss and Von Manteuffel believe the occlusion due to localized arteriosclerosis in the popliteal vessels with desquamation of the endothelial cells, which is followed by white thrombus formation, which extends downwards to the smaller vessels. The blood vessels involved are those of the upper and lower extremities as the dorsalis pedis, planter, anterior and posterior tibials, radial and ulnars also popliteals. At times the dorsalis pedis may pursue an aberrant course; this is of importance in the diagnosis. Bernard made a series of studies of the blood chemistry in this disease, taking into consideration the blood sugar, blood nitrogen, cholestrin and calcium. His observations did not disclose any great alteration from the normal (9).

SYMPTOMS

This is not a disease of abrupt onset; coming on gradually as it does, patients usually seek a doctor's advice for rheumatism, flat feet or neuritis because the symptoms complained of are in many respects similar to those noted in the disease mentioned. The usual early complaint is severe non-localizable, cramp-like pains in the calf muscles of one or both lower extremities. These pains are sudden in onset, coming on while the patient is walking, and is often so severe that the patient must stop and

rest for a short time. This has been called intermittent claudication. In addition, patients complain of coldness of one or both extremities, depending upon the degree of involvement. More or less severe and constant foot pain is a common complaint and the individual so afflicted is always having his attention drawn to his aching feet. Numbness is also often noted. There is as a rule no impairment of sensation.

The general appearance of the extremities varies with the stage and severity of the disease. In an early case there may be some slight degree of redness or cyanosis with coldness of the foot to the palpating hand and the pulsation of the dorsalis pedis may be lost. However, in a well advanced case, the foot—if that be the part involved—is definitely cold, colder than the other foot. The dorsalis pedis pulse cannot be felt. There may be indolent and painful ulcers upon the toes, ankle, dorsum or lateral aspects of the foot. There may be fissured ulcers between the toes, the skin over the toes may be shiny in appearance and atrophic, signs of infection with lymphangitis may be seen, also bullae and blebs. The nails appear poorly nourished, the derma is at times thickened and firm and small areas of scleroderma may be present, particularly over bony prominences. The affected part may be deeply red or cyanosed in the lowered position, due to compensatory dilatation of the superficial capillaries, called erythromelia by Buerger.

Certain phenomena of the impairment of circulation may be seen upon examination of the part in different positions because the vascular supply of the affected part is now passing through more or less rigid tubes instead of normal contracting and expanding blood vessels. If the patient is placed in the reclining position and the affected extremity is elevated at right angles to the body, very shortly the foot becomes blanched and pale because the blood is mechanically drained to maintain circulatory equilibrium regardless of the position of the foot. Upon depression of the foot in a lowered position, it will be noted in a varying period of time that foot becomes deeply red, or even cyanosed; this is due to the blood flowing downwards, with resulting compensatory dilatation of the superficial capillaries. The degree of ischemia of blanching is indicative of the amount of involvement of the vessels.

Buerger speaks of the angle of circulatory efficiency as being that point when the foot becomes red when the leg is lowered slowly from the vertical position. Another test which may be used is that of completely obstructing the circulation by a tourniquet about the thigh. This is suddenly released and where first the normal blush of the capillaries is noted, one is fairly sure of encountering good vessels. This

is of importance in determining the proper site for operation.

DIFFERENTIAL DIAGNOSIS

This involves a consideration of arterio-sclerotic gangrene, diabetic gangrene, Raynaud's disease, syphilitic arteritis. The first two mentioned should cause no difficulty; however, the diagnosis between thrombo-angiitis and Raynaud's disease has caused some difficulty. The following may be of some service:

(1) In thrombo-angiitis the vessels are permanently closed; in Raynaud's disease the closure is temporary. The course of the disease is progressive in thrombo-angiitis and not in Raynaud's disease.

(2) Raynaud's disease is usually symmetric in its involvement and often involves the nose and ears. Thrombo-angiitis usually involves but one extremity.

(3) Exacerbations are generally rapid in onset and subsiding in Raynaud's.

(4) Migrating phlebitis is common in thrombo-angiitis.

(5) Changes occur in posture of limbs in thrombo-angiitis which do not occur in Raynaud's.

(6) Changes in Raynaud's disease generally follow sudden exposure to cold. This is not the case in thrombo-angiitis.

(7) Raynaud's disease occurs in men and women and thrombo-angiitis is only found in men.

(8) Raynaud's is found in the very young, while thrombo-angiitis occurs in those past 20 years.

TREATMENT

Having diagnosed the condition in its early stage, the importance of care in avoiding trauma to the affected part is quite evident because a bruise or the cutting of a corn or callosus may be the onset of an ulcer which might never heal. Various methods of treatment have been used for the relief of pain, and to attempt to correct the changes which have taken place in the blood vessels. The methods used are rather numerous and consist of the following:

(1) Drugs as aspirin, codein, benzol-benzoate, etc. Also nitrites for local effect upon the blood vessels.

(2) The introduction of fluids such as Ringer's Solution, glucose solution and sodium citrate. These are given with the view of altering the viscosity of the blood. Willy Meyer and other observers have claimed considerable benefit from this method of treatment. The glucose solution is given by Murphy drip, while Ringer's Solution and sodium citrate are given intravenously. A 2 per cent citrate solution is used. Dr. Buerger recommends the injection intravenously of potassium iodide.

(3) Postural treatment with attempts of re-education of the blood vessels, elevating the part for one or two minutes and holding it horizontal, and then depressing it. This is done several times daily. In addition to this the part may be placed alternately in hot and cold water.

(4) Various endocrines, as thyroid and pituitary, have been used.

(5) Gottesman (10) has mentioned recently the intramuscular injection of stock typhoid vaccine given in dosage from .25 to .5 cc. weekly, and has claimed that considerable relief from pain will follow. Sufficient of the vaccine is given to bring about a reaction with fever malaise and bone pain.

(6) Heat by diathermy.

(7) Numerous methods of surgical treatment have been used and these consist of the following: Ligation of the femoral vein, arterio-venous anastomosis and division or alcoholic injection of the nerves in the adjacent parts. Periarterial sympathectomy, as first devised by R. Leriche (11), possibly may be of great benefit in the disease. The operation has been used by Halstead and Christopher (12) with reported success in vascular disease. Recently Dr. J. Walter Vaughn of Detroit performed the operation for arteriosclerotic gangrene with almost immediate relief from pain, coldness and numbness in the affected extremity. The operation consists briefly in dissecting out a small portion of the femoral artery, incising the adventia down to the media and stripping this coat for a short distance. The articles of Leriche and Halstead describe the operation in great detail. However, if all of the palliative methods do not give relief, then amputation must be performed high above the afflicted part where normal blood vessels will be found, otherwise healing will not occur.

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TRIP TO NEW ZEALAND AND AUSTRALIA

RICHARD R. SMITH, M. D., F. A. C. S.
GRAND RAPIDS, MICHIGAN

We sailed from Vancouver on February 8th of the present year. In the party were Dr. and Mrs. Wm. J. Mayo, Mr. and Mrs. John C. Kahler of Rochester, Minnesota, old time friends of Dr. Mayo, Dr. and Mrs.

Franklin H. Martin of Chicago, Dr. Richard Harte of Philadelphia, my wife and myself. In the party, but accompanying it only as far as New Zealand, were Dr. Francis P. Emerson of Boston and Dr. Thomas Hubbard of Toledo, Ohio, who read papers before the Oto-Laryngological section at the Auckland meeting. We went for a good time, to meet the medical men in the countries visited, and to learn something of their medical schools, hospitals, and the condition of medical practice there. On the way coming and going we stopped a day each at Honolulu and at Suva in the Fiji Islands. We were royally received and entertained wherever we went and every opportunity was given to us to see the things in which we were interested. What we saw and learned would fill a book. In this brief article I shall only attempt to "hit the big spots" of medical interest.

HONOLULU

In Honolulu, one of the most wonderful garden spots of the world and of which we may be justly proud, we found that practice was being conducted by an unusually energetic, fine lot of medical men including a considerable number of Japanese doctors, since the population in the Hawaiian Islands is nearly half Japanese.* They have just moved into their new (Queen's) hospital of several hundred beds, beautifully constructed and equipped with every facility for hospital practice. It was up to the minute in every respect. In the Hawaiian Islands malaria is unknown, there is practically no typhoid, and but little of other diseases that are usually in evidence in semi-tropical or tropical countries. They are well advanced in child welfare work. We saw no operating during our brief visits, but judging from the men we met and what we heard it is undoubtedly of high grade. In Suva, the largest city and capitol of the Fiji Islands, we found a new hospital (Colonial), tropical in design, finely built, well equipped, caring for a large number of the native population in its in- and out-patient departments. It is the center of a small medical school which graduates Fijian doctors and nurses, who after graduation go out to care for the dark inhabitants of those exceedingly fertile islands. There is practically no syphilis among the Fijians and the reason given is that practically all of them have yaws (frambesia), a spirochete disease resembling syphilis somewhat, but much milder and apparently conferring immunity to the latter. There have been no instances in which the two have been found simultan-

*I would refer those interested to the February Geographic for a most entertaining account of the Islands.

ously in the same patient. There is much food for thought in these facts.

NEW ZEALAND

We landed at Auckland, New Zealand, just at the beginning of the annual meeting of the New Zealand branch of the British Medical Association. The people of New Zealand are almost entirely British. The Maoris, the original inhabitants, a dark race of unusually fine character, form only a small portion of the population. Nearly all of the medical men have graduated at their only medical school at Dunedin, a school of high standing, or in England, and, therefore, rank high in intelligence and education. They are highly respected and health matters of all kinds are intelligently discussed in the daily papers. They put on a program at the conference which lasted several days, which would do credit to a meeting of the A. M. A. Their methods of presentation, however, were below our standards. Papers and discussions are often very long, the halls poorly lighted, and their acoustic properties poor, but lantern slides and charts were much in evidence.

Dr. Herkus, of Dunedin, presented a most interesting paper on "Goitre in New Zealand," reflecting a stupendous amount of scientific work which demonstrated the lack of iodine in the soil in those areas where goitre was present. A splendid piece of research and well presented. The hospitals in New Zealand, many of them of anti-

quated structure, are being gradually replaced by fine modern buildings. They are behind us in building program, but their laboratories were exceptionally good and extensively used. We saw some fine x-ray outfits and many interesting plates. The general mortality rate in New Zealand is the lowest in the world. Their mortality in childbirth is also the lowest. There are practically no irregular practitioners in New Zealand and practice otherwise is conducted much as in this country. In both New Zealand and Australia we found the hospital arrangements much like that in England though the bad features were not as marked. There are in the first place General Hospitals at all important points. These hospitals are run by the municipalities or subsidized by them. Anyone may enter and be treated, paying the moderate hospital rate, or none, according to pocket-book. No physician is allowed to charge for any patient treated in these hospitals. It is evident that a large percentage of patients treated might well pay something for the service. They have also a large number of private hospitals managed by individual doctors or small groups where patients pay well and where medical and surgical service is, of course, charged for. In building and ordinary equipment these hospitals are often excellent, but in scientific equipment and the facilities and organization necessary for doing the best kind of medical and surgical work, they are far be-



Meeting of the New Zealand branch of the British Medical Association at Auckland on March 1st to 6th, 1924

hind the general hospitals. It, therefore, happens that people with means sufficient to pay for good service receive an inferior brand. They were interested over there in hearing of our community hospitals in which people of every station in life were treated alike. They were also very much interested in our hospital standardization program and I believe we implanted some ideas in regard to it which will eventually take root. We visited the four largest cities in New Zealand in addition to touring the country and came away tremendously impressed with the medical men and surgeons and the quality of the service they are rendering the public. Their standard of ethics is exceedingly high. The medical fraternity in New Zealand live well and are evidently prosperous as such things go. They have only about half as many doctors according to population (a million and a third) as we have in the United States.

AUSTRALIA

We were sixteen days in Australia, visiting only Melbourne and Sydney, with a little of the surrounding country, but none of the interior of this great commonwealth. Australia is as large as the United States and has a population of only five and a half millions. They also are of nearly pure British stock. Sydney has a million people and Melbourne eight hundred thousand. We found, therefore, larger hospitals. We visited many of them and the two largest medical schools. Here also the profession is of high order. The medical schools are few and of superior grade. There is much new hospital building everywhere. The profession is much interested in its many problems of practice as in this country.

The Australians are very much like the Americans in energy, intelligence, and viewpoint. They are contributing much of value to the world's medical literature. We saw here some of the finest medical and surgical work that we have seen anywhere in the world. (There is also a considerable amount of research work going on. The work of Dr. Colin Mackenzie of Melbourne, a comparative anatomist of the first water, is especially worthy of note. It seems that Australia is peculiar in having a number of animals of the lowest mammalian type. They are extinct elsewhere and almost so here. An intensive study is being made of these animals and their habits and careful dissections are being made by Dr. Mackenzie, bringing to light many facts of prime

importance in the physiology and anatomy of the mammal. He believes that the results of these investigations will undoubtedly influence to a marked extent our conceptions of pathology and the application of therapeutic measures.

The work of Prof. John Hunter and Dr. N. D. Royle is one of the most important among recent contributions. They have discovered that muscle tone is a production of the sympathetic nervous system and that many



Alfred Hospital
SYDNEY, AUSTRALIA

forms of spastic paralysis are but an evidence of an increase in this tone. They have been operating upon a considerable number of patients by severing the supply of sympathetic fibres to spastic muscles and have been achieving some very remarkable results. Dr. Royle will present the results of their investigations at the coming meeting of the American Clinical Congress in Boston in October.

We returned home early in May, extremely enthusiastic over the countries we visited and feeling that we had made many friends for America.

COUNTY SECRETARIES' CONFERENCES

BURDICK HOTEL, KALAMAZOO, MICHIGAN

April 16, 1924, 2 P. M.

We are very eager that the papers and discussions presented at the County Secretaries' Conference shall be available not only to those who were in attendance, but also to those County Secretaries who were absent and to our membership at large. There is much food for thought in this report. The line of activity and the work that each individual must perform is likewise apparent. It is the desire of the Council and your officers that each secretary and member familiarize himself with these problems.—Editor's Note.

DR. JACKSON: We will come to order and get started with our program for the afternoon. The Chairman of the Committee of the Council on County Society Organization, Dr. Clancy, is unable to be here on account of sickness in his immediate family. He is very much interested in this Conference that we have on today and I know that he is very sorry indeed not to be here. In his absence as Chairman of the Council I will introduce the Speaker.

I might say just a word in the beginning about the problem of County Secretaries' Organization and County Secretaries' work. Some of you are very much more familiar with it than I. There was a time in our State Society work when we had an Association of County Secretaries. Dr. Kinsey here was one of the prime movers in that organization but we found it difficult to get County Secretaries together. At the time of the State Society meeting, the State Society meeting lasted over two days, County Secretaries did not like to give up an additional day. For the last few years we have tried to have a dinner during one of the days of the State Society meeting at which we tried to get in County Secretaries. Sometimes we would succeed in getting a half a dozen and more often we did not. The thing never seemed to go over very strong, everybody was busy about other things and our Secretaries Conferences did not amount to very much, so that this year we thought we would try the plan of a Spring conference, and that is why we are here today. Now, we have not arranged a very long program or very elaborate program because we wanted to make a very important part of this conference today the Round-Table Discussion of your individual problems.

You all of you have your troubles I have no doubt. Dr. Hoebeke, our local county secretary I know has, and I think some of the rest of you probably have a great many problems. It seems to me that this is a good place to bring them up and air them and talk over methods and ways and means, because as a matter of fact the success of the State Medical Society of Michigan depends upon the work that you men do; you are the fellows that are going to put it over if it is going to be put over. If Medical Organization in the State of Michigan is going to amount to anything, we have got to depend on you men for it.

The first speaker on the program this afternoon

is Dr. Hoebeke of the Kalamazoo Academy of Medicine, on "Membership and Attendance."

MEMBERSHIP AND ATTENDANCE
OF THE COUNTY SOCIETYW. G. HOEBEKE, M. D.
KALAMAZOO, MICHIGAN

I have been asked to speak on Membership and Attendance of the County Society paying particular attention to the problems connected therewith. This does not, I take it, necessarily include anything concerning the solution of these problems, for which I am thankful. That, I trust, will prove an interesting subject for Round Table discussion. However, inasmuch as problems and attempts at solution are closely connected, I trust I may be pardoned mention here and there throughout this paper of attempts on the part of our own Society towards solving our own membership and attendance problems.

The questions arising from County Society membership and attendance at County Society meetings are not new, so that what I may have to say is already old news to all of you. But, inasmuch as these problems still exist it can do no harm to reiterate them trusting that thereby renewed efforts at their solution may be initiated.

Every County Medical Society has its own membership and attendance problems. It goes without saying that the problems of one county are not identical in all features with those of another. For instance, the Academy which draws its membership largely from the city has a different situation to confront than the Academy whose membership is largely rural. But on the whole, I believe, the differences are only in detail.

Of all the problems with which the County Society is concerned those of membership and attendance easily take the forefront. This, I believe, may be conceded. The very life itself of the Society depends on these two factors and not only that, but the State Society and the A. M. A. are dependent upon them also. Insofar as the county society is the unit of medical organization of which the A. M. A. is the whole, the condition of the county society as evidenced by its membership and attendance is an indicator of sorts of the well being of the A. M. A.

In considering first of all the problems of

membership, it is proper, I believe, to answer the question—why join a County Medical Society? The answer may be found stated for us in the "Principles of Medical Ethics," under the section entitled, "The Duty of the Medical Society," where we read, "In order that the dignity of the medical profession may be upheld, its standards exalted, its sphere of usefulness extended and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time and means in order that these societies may represent the ideals of the profession." The reasons may seem idealistic in this day and age and the average physician may look for more practical reasons for joining his County Society. Reasons of this type are also to be found. They concern the individual physician largely and for that reason may be considered more or less selfish and yet I take it, a certain proportion of physicians who join their County Societies join for these reasons and these alone. There can be no doubt today but that membership in good standing in his local society is one of the best advertisements a physician has. The public, as a whole, is loath to trust a physician who is not associated, as a member of his medical society, with the best qualified physicians of his community. This may not have been true a few years ago, but it is increasingly true today. That the physician himself realizes this is evident in our experience at least from the fact that those physicians who are ineligible for one reason or another have approached us on more than one occasion and expressed a desire to join our local society.

Further, membership in a County Medical Society offers a physician the protection which such an organization possesses. This not only includes legal protection against malpractice suits—such as our State Society offers its members—but the moral support of his fellow members. A member does not need to feel as if he stood alone, but he knows that as long as he does not overstep the bounds of ethical practice he has his Society back of him.

Hence, I think it may be said that while the County Society needs all the physicians of the county allied with it so that the ideals of the medical profession may be furthered, from a practical standpoint the individual physician needs much more than it needs him.

An editorial in the last edition of our State Journal entitled, "Society Affiliation," sums up admirably a number of reasons why every reputable physician should join his local County Society. No doubt you all have read it, but

I believe in this connection it can well bear repetition. To quote our editor in part:

It is difficult to imagine how a physician can desire to remain outside of organized medicine. The advantages of membership are many and the expense is trifling. In some states, membership in the county, state and national organizations can be obtained for not more than \$1.00 a month, and the disinterested observer would presume that every physician would be anxious to better his professional standing in a community by belonging to the proper organizations, even if for nothing else than for the protection of his professional standards. It should be regarded as good insurance with premiums at a very low cost.

Why should the individual physician belong to his county, state and national medical organizations? We present six answers to this question, each of which we believe, is sufficient to cause a man to make the investment which would enable him to become definitely identified with the very best there is in the medical profession:

1. To have a part in organized effort for the promotion of the science and art of medicine and the betterment of public health.
2. To take advantage of opportunities offered in the medical society for individual scientific improvement.
3. To receive the benefits of friendly social intercourse with other members of the medical profession.
4. To assist in and receive the benefits of organized efforts for the promotion of the material interests of physicians.
5. To be identified with, and recognized as one of, the most reputable, progressive and best qualified group of physicians.
6. To lend your influence for the maintenance of the highest human ideals.

As we have said so often through the columns of "Medical Economics," if the medical profession is to get anywhere we must do it ourselves. We cannot do it until the profession is thoroughly organized, that is, until the majority of physicians realize the necessity of uniting with the organized profession.

We are firmly of the belief that if doctors were to join the medical societies as they should, it would be possible for a united profession to demand of Congress that a Department of Health be added to the President's Cabinet with a physician at its head for the safeguarding of that most precious boon—health. A thoroughly organized profession could go far toward eliminating the cults and isms and 'paths and 'actors that now tend to destroy the faith of the laity in the best there is in medicine. As we conceive it, it is the duty of all physicians to join the county medical society forthwith and then to progress upward and become identified with the American Medical Association, which has done so much for the profession during the past twenty years.

If it be agreed that membership in the County Society is desirable and necessary for the best interests of the individual physician and the profession, the next logical question should be what shall constitute a basis of requirements for admission to membership? First of all I think it may be granted that simply a license to practice medicine in the state is not sufficient—essential as that requirement naturally is. The recent scandal in an eastern state where many incompetent and unprincipled quacks obtained licenses to practice medicine—

obtaining the necessary certificates admittedly without proper educational qualifications—is an instance where the medical practice act failed to prove the fitness of an individual to practice. Undoubtedly, some of these quacks obtained admission to their community on an equal basis with best men there. Of course such a possibility of ready licensure of quacks is decidedly less easy of accomplishment under our state laws, but the fact remains that they may gain admission to our communities through reciprocity or otherwise.

Furthermore, while license to practice medicine may determine a physician's educational qualifications it cannot determine his moral qualifications. An unprincipled physician is more detrimental to the profession than all the quacks and cultists can ever be. Men who for the sake of the almighty dollar make use of quackeries and humbugs in their practice or in any way deal unethically with their fellow-practitioners or the public should be excluded from membership in the County Society. The section of our medical ethics entitled "Safeguarding the Profession" sums up we have said, when it states, "Every physician should aid in safeguarding the profession against the admission to its ranks of those who are unfit or unqualified because deficient either in moral character or education." While this section does not refer directly to membership in a medical society it may nevertheless be so applied.

The difficulties, therefore, in admitting physicians to membership in the county medical society are obvious. It was formerly the custom and ruling of our Academy that a physician should be a resident in the county at least one year before he became eligible for membership. This ruling had much in its favor. It surely gave his fellow practitioners some opportunity to gauge his educational and moral qualifications. On the other hand, it deprived the physician of the moral support of the Academy at a time when he was most in need of it. Such a ruling would seem scarcely just to a physician of known ability and honor. However, in these days when membership drives everywhere are the vogue, it is best, while making every attempt to gather into our membership every eligible physician, at the same time to make haste slowly. No one should be admitted until his qualifications have been demonstrated.

The obtaining and choosing of new members cannot be left to the officers of the Society alone. There must be ready co-operation upon the part of the members. A membership committee composed of men from various parts of the county or counties is essential, but every member should be ready to assist in this work if every quali-

fied physician is to be reached. An active Board of Censors should be the last word and should practically constitute an election or non-election. In order that this may be true it follows that this board must function efficiently. I believe that censorship should be emphasized. It is much easier to exclude an ineligible man from membership than it is to excommunicate him, so to speak, later, necessary as that may be. In this connection I should like to quote from an address made by Dr. Olin West, Secretary of the A. M. A.:

"It is undoubtedly true that individual members of the medical profession, some of whom are within the pale of medical organization, are guilty of reprehensible practices and that their transgressions bring reproach on the whole profession. Here is a job for medical organization to do, here is a reason for striving to perfect organization and for stimulating the zeal and efficiency of our component societies. In some spots our boards of censors and our councilors need to get busy. The membership of the American Medical Association, which is the combined membership of all of our state associations, was more than 90,000 on October 1. This peak will not be maintained, because many become indifferent or careless about maintaining membership and neglect to attend to the payment of dues until rather late in the year. We need some of those who are out, in; we also need to have some of those—a few—that are in, out. The men who will not live up to the ideals of organized medicine, the men who violate the principles to which organized medicine holds, the men who will not subscribe to nor support the ethics of the profession and who will not live up to its traditions are not those about whom the protecting arm of our organization should be thrown nor to whom our recognition as an organized profession should be extended.

While it is true, in our experience at least, that many physicians are ready and even anxious to join their medical society and to continue their membership year after year, because of this fact the society should not relax its efforts to obtain the membership of every eligible physician residing in the county. In the last edition of the State Journal there appeared a comparison in figures between the number of physicians residing in various states and the number who were members of the state societies. These figures for Michigan were as follows: Total number of physicians, 4,653; members of the State Society, 3,192, leaving a difference of 1,461 who are not members of a county or the State Society. If we had not seen similar figures before, such a comparison would have been surprising. Presumably, some of these physicians may not be in active practice and a certain few must be considered ineligible for one reason or another, but, even so, the fact remains that there are a large number who are eligible and still are not members. Furthermore, these physicians are residing in our county and in yours. I do not believe that in the

majority of instances this non-membership implies non-interest or a desire to remain outside of organized medicine as much as neglect to become affiliated with their county societies. If these physicians are approached personally I believe the majority would gladly join.

How may one know whether all eligible physicians in the county are members, or, at least, have been approached and urged to become members. This, if I may be pardoned a personal reference has been our difficulty. In a large county, or as in our case, in three counties, it is obvious that not all the resident physicians who are non-members of the society are known. Furthermore, new physicians are from time to time coming into the county unannounced, as it were. In an attempt to reach these physicians we have made it a plan to obtain from the Blue Book of the A. M. A. the names of all non-members. I presume this data might also be obtained from the office of the county clerk. These names are forwarded to the chairman of the membership committee to investigate. The success of such a procedure depends, of course, upon the activity of the whole society.

It has occurred to us in considering the large number of physicians who are not members of county societies that this percentage might reasonably be larger in those counties which are unorganized and are not holding regular meetings, than is the case where a live and active society exists. If for any reason it is inadvisable for a county to be actively organized might it not be an excellent thing for neighboring societies to solicit this membership? While it may be possible to join the state society directly, the individual physician needs the close contact which only a county society can give him.

As to the problems of attendance, were our ideals of membership maintained, there would be no problem. Membership implies more than the mere paying of dues. It also implies, according to the Principles of Medical Ethics of which I have already quoted, an expenditure of time and effort in order that the society may represent the ideals of the profession. This is not strange. No one would think of joining a noonday club, for instance, unless he attended regularly. In fact, these clubs make that a condition of membership. Why should the county society expect less of its members? As it is, many a physician believes, or at least acts as if he believed that his duties as an active member ceases when he has sent in his check to the treasurer. Once his dues are paid, all further interest is lost until the succeeding year rolls around. The only surprising part

of this yearly performance is that so few forget to pay their dues on time. Some members, I dare say, scarcely darken the societies' doors at any time. It is obvious that such a membership is selfish. It cannot be for any other reason than the prestige and protection the county society affords.

It seems almost superfluous to ask the question, why attend the county society meetings regularly. First of all, as has just been said, an active membership demands this. If the society is of any value it should have the support of every member, as evidenced by his attendance. Again, regular attendance gives each member an opportunity to take part in the affairs of the society. If there is any time when concerted action on the part of the physicians is needed it is today. It is hardly fair for anyone to sit idly by and let the other fellow do it.

Another reason for regular attendance lies in the value of the program. The statement has been made that the county society, through its medical program, offers a post-graduate course in medicine to those who will avail themselves of it. As far as I know none deny this statement and yet many fail to take advantage of the offer.

Why do physicians neglect their county society? There are many reasons and pseudo-reasons. There is one factor which I believe offers some excuse for irregular attendance. This is distance. In our own society, for instance, there are members living as far as fifty miles from Kalamazoo. To attend an academy meeting means the expenditure of a number of hours in travel alone. During seasonable weather, to do this is not an impossible feat once a month, but during the seasons when the roads are bad, one could hardly expect these members to be regularly present. And yet, strange to say, our average out-of-town attendance puts our local attendance to shame. On the other hand, the city physician is not without his excuse. There is no doubt but that his days and evenings are so taken up with appointments and engagements of one kind and another that he can scarcely call one evening his own. He often offers this as his reason for failing to attend. Again, there are medical meetings of other types throughout the month—hospital staff meetings, group society meetings, etc. Because of these many a physician feels he may be excused from regular attendance at his society meeting. On the face of it, it might seem reasonable if a busy physician should find it difficult to attend all the medical meetings, but when we stop to analyze the attendance at staff meetings and society meetings, the personnel is found to be practically identical in each case and oftentimes

the busiest and most successful practitioners are among the most regular attendants.

And then there are the usual stereotyped reasons. One says he believes he can reap more benefit to himself by medical reading at home than by attending the meeting of his society. No one disputes the value of medical reading, but I venture to say that more reading is done by the man who attends his society meeting than by the man who never attends. Another ventures the time worn excuse that the society is run by a clique.

Analysis of almost all the reasons given leads to but one conclusion—lack of interest. How to remedy this is every society's problem. Perhaps a change of the day or the hour of the meeting may make conditions more agreeable for a majority of the members to attend. Again it is possible some arrangement can be made to emphasize the social side of our meetings. This, I believe, is something which should not be overlooked. With this idea in mind our own Academy recently instituted a buffet luncheon immediately following the meeting. This plan enables the members to meet informally the speakers of the evening and one another. I believe it has possibilities for increasing our attendance. Special features on the program from time to time are also drawing cards. On the whole, it seems to me that every program should as far as possible be a practical one if the interest of the general practitioner is to be aroused.

An invitation should be extended to every member not only by bulletin, but also by telephone insofar as that is possible. A personal reminder in this way on the day of the meeting is an undoubted aid in increasing the attendance.

Sometimes it is possible to obtain a member's interest and so secure his regular attendance by placing him upon a committee and giving him work to do.

In resume—the membership problem as we see it is largely one of approach. The physician, as a rule, is glad to link himself up with his county society for the prestige and protection it offers him if for no other reason. Care should be taken in choosing new members so that the ideals of the profession may be upheld. Every eligible physician should join a county society—if his own is not properly organized, then another.

As for attendance—poor attendance in the last of analysis is due to lack of interest and increased attendance can only be expected after this has been corrected by one means or another.

I am sure that Dr. Hoebeke has brought forth a number of interesting problems of County Society work and I think we ought to have a discussion of this paper. I think I will ask Dr. Kinsey to open the discussion.

DR. KINSEY: I was just thinking as Dr. Hoboke was speaking, that his problems are probably the experience of every one of us. I don't suppose any Secretary, that has ever been Secretary of any County Society, has not bucked against just the same prosaic things—the question of attendance, the question of getting new members and what new members to get and all that sort of thing. I have had a sort of perennial experience before the war and since the war as Secretary. It has always been the same old story. We have tried a number of different things; we have tried what you have done here in Kalamazoo, of dinners before the meeting, and I don't think that with our Society—it is almost entirely a city membership—it has been a very great success. Even though we sold tickets in advance for the whole series of meetings, the dinners were not a success from the point of view of attendance, although a good attendance would come in afterwards; so we this year have given that up; this year we are trying something a little different. I don't know that this has been done in other counties, except Detroit, I think they are taking that up in Detroit also, and that is to lessen the meetings, the Medical meetings during the month. Of course the excuse that was mentioned here, so many medical meetings for a Staff member in the course of a month has always been a fairly good excuse. This year we have had the plan of giving one meeting each—that is, every other meeting is by the Staff of a Hospital, but we don't go to the hospital, we have them come to the regular meeting place. The meeting is under the auspices of the County Society, it is not in any sense a hospital meeting but it is given by the Staff of one of the local hospitals. In Grand Rapids we have three hospitals and they come in rotation. This, I think, has been a fairly successful plan. Then as the alternate meeting we try to get some distinguished man from away, and I think that this has been as I say a fairly good means of increasing the attendance. I think it is also well—I suppose it is done in every society, and has been done from the time they have had societies, of stimulating attendance and stimulating interest by an occasional well advertised banquet, when some man out of town who is very well known is coming. It is a very good plan of course to have a high class dinner, two, three, four dollars a plate.

It is always astonishing to see how many of the members who cannot come to a regular meeting, attend. But I think the greatest individual asset to any Society in increasing attendance or stimulating interest, letting every member know, is a bulletin. Dr. Warnshuis, when he was Secretary of our Society in its early days, was the one who established our Bulletin. It has been in operation continuously ever since. This is sent to every member of the Society and also to a number of outside men, and I am sure that this is the greatest individual asset we have in stimulating attendance and membership.

DR. JACKSON: The Secretary suggests that we have the other numbers on the program at this time and that we continue the discussion during informal round-table discussion. That seems like a good suggestion and if there is no objection we will have the other papers on the program and then discuss these later.

The next paper, "What Constitutes Attractive Programs" by Dr. J. L. Squeir, Secretary of the Calhoun Society.

DR. SQUIER: The problem of making a County Society Program attractive is really an individual problem with the Society itself. The membership of the Society is so varied. The intent of this paper is simply to be suggestive, and then it is hoped that in the discussion later on, various phases of it can be brought out and discussed at length.

WHAT CONSTITUTES ATTRACTIVE PROGRAMS

W. G. SQUIERS, M. D.
BATTLE CREEK, MICHIGAN

An attractive medical society program is the fundamental requirement of a successful County Medical Society. Without an attractive program a good attendance is out of the question.

The majority of the county societies of Michigan have a membership under 100, and it is the program of societies of this type that we wish to consider here. The personnel of such societies is varied and consequently the programs must be diversified. A program which confines itself to a narrow specialty will not meet general interest nor will a program consisting of an abstract scientific discussion prove of great interest to most members.

Programs may be divided roughly into four groups with a number of different combinations possible when there is more than one speaker on the program.

1. Out of town speakers.
2. Clinic programs.
3. Case reports.
4. Short reports on recent medical progress.

An out of town speaker of national or state wide reputation will always draw a good attendance and every society should aim to have such a speaker for at least some of the meetings. Many members of nearby county societies appreciate being able to attend such meetings and thus wider acquaintance and closer co-operation is fostered. The program committee should arrange for one or two men especially interested in the subject dealt with to open discussion after which wide participation by the members at large should be encouraged.

If hospital facilities are such as to make a clinic possible this type of program is excellent. However to be most successful a great deal of care should be exercised to present cases which have been worked out in detail and in which a diagnosis has definitely been made. As a rule no case should be presented with the idea of receiving help in reaching a diagnosis but rather, imparting something of interest to the members. It is an excellent plan to precede the presentation of a definite group of related cases by a general discussion of the condition in question, followed after the presentation of

cases by general discussion. The greatest danger of a clinic program lies in the possibility of the discussion degenerating into aimless, undirected talk which benefits no one, disgusts the membership and leads to poor attendance.

Well written case reports by the members, themselves, provide an interesting and instructive type of program. Such a program is of especial value because it stimulates individual effort. There is a tendency for discussion to be unrestrained, and many valuable points can be brought out. Case reports are not difficult to make if good records are kept by the physicians, and consequently frequent meetings devoted to such reports have a double value. They not only are beneficial in giving training in making clean cut presentations, but in addition they stimulate the often neglected but very important carefully kept case record.

Five or ten minutes of the meeting may be devoted to a concise report of some phase of recent progress in medicine.

Whenever feasible, illustrations should be used. Visual presentations always help to hold interest and frequently are a great aid in making a point clear. If lantern slides are not available or feasible, simple charts or diagrams, drawn on a small portable blackboard will answer the purpose satisfactorily.

Dr. Elmer Liggett, in the Journal of the Kansas Medical Society, states that in his county society arrangements have been made with the faculty of the State Medical School whereby a series of post-graduate lectures are given. After the lecture is over the business of the society is transacted. The local men are given at this time an opportunity to present clinics or papers, and in conclusion the subject for the next lecture is announced, so that those who desire to do so may study the subject and thus be prepared the better to profit by the paper and also to contribute to the discussion. In deciding on the subject for presentation second from the next one, suggestions are invited from the members, and if two or more subjects are suggested, a decision is made by ballot. Under this plan the general interest has been marked and the attendance large. It seems to the writer that there is much in this plan that merits careful consideration.

Thus far the discussion has been confined to the purely professional aspect of the program. From time to time occasion demands that discussion of problems of medical economics, public health regulations, the defence of medical research and so on, should be made a part of the program. It is, however, unnecessary to discuss this phase of the program here.

The medical society has another function which by all means should not be neglected, and that is the social side. At least occasionally a dinner or luncheon should precede or follow the regular session. In the writer's society an

annual banquet is given, to which the ladies are invited. This meeting is entirely non-medical in nature, the speakers following the banquet are carefully selected and are almost invariably non-medical men.

It has been the intent of this paper to be suggestive. No one set medical program will continue to satisfy. Carefully planned programs, so arranged as to be of interest to the greatest number, will always prove attractive, draw out a large attendance and keep the society alive and active.

DR. JACKSON: I am sure that these papers which are presented are very full of interesting suggestions. I hope that you men will make notes as the papers are read and be prepared to discuss them when the time is come for the discussion.

I am very glad to announce that Dr. Clancy who is the Chairman of the Committee on Society Work of the Council has arrived. He has asked me to go on with the introduction of speakers and I will so do. We are certainly very happy and very fortunate to have with us today the Secretary of the American Medical Association and we will be very glad to hear from Dr. Olin West.

DR. OLIN WEST: It is a privilege for me to be here today and I greatly appreciate it.

The opportunities of medical organization are abundant and important; consequently the responsibilities of medical organization are also numerous and important, for opportunity not only implies but also imposes obligation. This is especially true when applied to physicians in respect to their relations with each other and with the public whom they serve, because they, more than any other group, can contribute to the efficiency and happiness of men or to their inefficiency and unhappiness. The greatest contribution can be made to human welfare only as physicians maintain proper professional relations with each other and with the profession as a whole, and it is not possible to define just what proper professional relations are except through the exercise of combined and co-operative judgment and wisdom.

The first opportunity offered by a medical organization is that through which all the reputable and truly representative physicians of a community can be brought into one compact group, which openly avows its adherence to the highest professional ideals, and by that avowal notifies the world of its intention to represent the best there is in medicine.

The second opportunity of organized medicine goes with and is a part of the first; it is to keep without the pale all those who do not subscribe to and uphold the ethical principles, the fundamental ideals and the professional traditions of honorable medicine and thus to identify for the profession and for the public the classes in the medical profession in a manner that will leave no doubt as to which is most worthy. These two opportunities entail very heavy responsibilities. There must be due caution, diligence and charity exercised, to see to it that no injustices are done.

Medical organization offers opportunity to bring the men in medicine with common ideals and desires into close professional and social contact, so that each may learn of the other and from the other the lessons of every day professional life, aside from those of strictly scientific application. It offers opportunity to extend the arm of friendly

support around the fellow that is beset with temptations and to hold him in the straight and narrow path of proper professional conduct; to reach out the kindly helping hand to him who may have yielded to temptation in a moment of thoughtlessness, or it may be because this same hand was not held out in restraint before he yielded; to offer kindly and brotherly arbitration and adjustment of professional or personal misunderstandings or conflicts before they have grown into bitter animosities and permanent hatreds, which may come to be considered as characteristic of the entire profession by the public from whom these matters cannot be long hidden.

It seems to me sometimes, and especially in view of the many letters of a certain character that come to me, that these two important opportunities are not taken advantage of by our medical societies as they should be done. The Board of Censors in the county medical society and the Board of Councilors in the state society, and the individual members of these boards who should be chosen for their qualities of judgment, tact, probity and strength of character, can do a great deal in these directions to the honor of the profession, the credit of medical organization, and for the benefit of the public, as well as for the good of the individual physician who may be most concerned. My observation has been that it is not easy to convert a confirmed sinner nor to bring and keep the persistent medical transgressor in the paths of rectitude; and so I believe that medical organization does not offer as great opportunity as some seem to think, for the conversion and redemption of wilful and long practiced non-observers of medical ethics and defiers of medical traditions. An occasional brand may be snatched from the burning, but most of those who by choice have failed to live by the book, are confirmed and hardened in their ways; their failings appear to be constitutional and, perhaps, inherited rather than who has long transgressed, gathered a competence for himself and seems suddenly stricken with an ardent desire to secure for himself a high seat in the temple, is one to be especially considered and prayed over before being taken into communion. It is desirable to have large and strong medical societies, but large societies are not always strong societies. Quality counts, whether it be of societies or of men. Membership drives are all right, but drives made with the single purpose of increasing numbers are dangerous.

We have had within a very short time a very illuminating instance which shows the danger of membership drives where quality is not kept foremost in the consideration of the purposes of the organization. A very splendid society, one with which I have been perfectly familiar in its workings for many years, elected an enthusiastic secretary, a dandy good fellow, who became obsessed with the idea of getting every physician in the county into that society. I warned him when I heard of it and told him that he might get into trouble if he wasn't a little careful and if his Board of Censors did not exercise due judgment, but he whooped the thing up and they got in most of the men in the county. Not a great while ago one of these very men was brought before the Board of Censors on the charge of having performed criminal abortion, not once but a number of times. The Board of Censors found him guilty as charged, recommended his immediate expulsion, but there had been enough undesirables accumulated in this membership drive to absolutely control the situation, and here a man who stood convicted after a most patient, careful trial, could not be expelled from the society.

I have also known of another instance of exactly this same kind within the last 12 months. There are dangers in seeking numbers unless quality is kept constantly in mind as more important than mere quantity.

Within a few weeks I have received two letters, one from a Western State and one from a State not more than a million miles from where we are right now, informing me that the County Societies concerned could not deal with situations that need correction and need correction very badly, for the reason that men who were in sympathy with unethical practices and absolutely out of sympathy with the traditions and ideals of medicine, are in control of these county societies. That is a serious situation it seems to me.

Medical organization offers opportunity for placing leadership of medical matters in the hand of the profession where it belongs. It offers opportunity for the rightful assumption of such leadership in an altogether proper manner. It is not every man, however, nor every medical society that seems to make careful discrimination in determining just how, when and where active leadership should be assumed nor how it should be directed. It sometimes happens that matters of very minor importance or matters concerning which there has been no definite crystallization of opinion are made the subjects of great agitation.

The assumption of active leadership in movements about which there may be a very marked difference of opinion in the profession, may result to the disadvantage of medical organization if not to the discredit of the profession; but there are matters of public concern in which none but the medical profession is qualified to lead; even with respect to some of these it may be a question as to just how aggressively open such leadership should be.

Medical organization offers opportunity for providing and disseminating helpful instruction to the public without undue aggrandizement of any individual physician, and this opportunity should be seized upon and developed to the fullest possible extent; but it is not so simple as that sounds; a number of medical societies have organized publicity committees, committees on public instruction etc., and some of these committees have been altogether unable to decide upon a method of procedure. How shall the information be put before the public? What information shall be given out? Who shall do it? What safeguards shall be established for the protection of the Society? How shall the personal factor be kept secondary? How much shall be spent and where shall the necessary money be secured and how? Who shall pass on what is to be said or to be printed? These and many other questions have arisen in the councils of our committees and all of them deserve careful consideration and answer before any plan is finally adopted.

The outstanding opportunity and the outstanding responsibility of medical organization, in my opinion, is for the improvement of the scientific knowledge of its members and for their improvement in the practical application of that knowledge. *There is, as I see it, but one really great outstanding problem before the medical profession today, and that is the delivery of adequate scientific service to all persons of all classes, colors and creeds, who may be in need of the ministrations of physicians.*

There is an awful lot being said expressive of a fear of cults. There have always been cults and there always will be cults. A lawyer whom I am told has an income of more than \$75,000 a year and who has attained great prominence in his profession because of his proven ability in the law, was in my

office a while ago and I noticed on the third finger of each hand that he wore what appeared to be a common iron ring, and on the left wrist a little leather strap. Those things fascinated me and having had it recently recalled to me that Chauncey Depew wears an iron ring to keep off the rheumatism, I just couldn't keep from asking this man before he left why he wore those rings. As I suspected, his two rings and his leather wristlet are worn to keep off the rheumatism. Now, why should we expect that there should not be cults and fakes, when men of that position in life will believe in such superstitions? I will guarantee that if all the asafetida bags that are now hanging around the necks of children in the State of Michigan and one or two adjacent States, none of them larger than a half dollar, were piled into this room that they would overflow into the next. There is an ignorance and a superstition, there always has been and probably there always will be, that will make it possible for cults to flourish to a certain extent. *There is nothing, though, that can take the place of scientific medicine. The job that confronts the medical profession is to make the commodity that it has to deliver one of such outstanding merit that there will be no question whatever about the need and the worthiness of scientific medicine—and it can be done.* And right there, to my mind, is where the biggest opportunity of medical organization comes in. The County Society can help in its own bailiwick. If it is not doing that thing, then there is something wrong with the county Society. If the program that it is trying to follow for the improvement of its members is not working out, then a new program needs to be devised.

We sometimes forget that the bulk of the medical profession of our country are not in the centers, but are out yonder in the hills and the valleys; most of our county medical societies have not more than 20 to 25 members, a great many of them have a less number of members than that. We forget that sometimes a county society with 15, 18 or 20 members cannot hope to keep up thoroughly meritorious scientific programs and maintain the interest of their members, because after a while that group of fellows get tired of each other; but the county medical society is an absolute necessity in our scheme of organization which to my mind is theoretically almost perfect and which when it is properly operated is practically almost perfect.

We have to maintain county societies because the jurisdiction of the county society is a jurisdiction that cannot be safely nor wisely turned over to any other organization; but I have come to believe after studying the subject very seriously and watching the success and lack of success in various states as I have had opportunity to do, that the formation of district societies which will have meetings two or three times a year, will not only offer splendid opportunity for the general improvement of the medical profession from the standpoint of their knowledge of the science and art of medicine, but that they will also operate powerfully for the stimulation of the county medical societies themselves. For instance, take a district with ten counties in it: If we have the best man in this county over here to read a paper before his society, and this county over here will ask him to come and read that paper before their society and at the same time will send one of their good men over to the first society and so have the papers that are carefully prepared for county society programs read in two or three societies, the essayists, the preparers of the papers, can get the benefit of the several discussions.

They will have opportunity to make those papers very much better for presentation at a District Society. I am told that in some of the states where district societies are working splendidly, that result that I have suggested has really been accomplished; that the District Society has so stimulated the interest of those who can and will write papers, and has aroused a desirable sort of professional jealousy, to speak, concerning the ability to write papers, that every county society in these district societies has been very greatly improved.

A very important matter that I would like to mention in this connection: within less than ten days I have had five letters come to my desk informing me of the formation of independent medical societies in places where county medical societies already existed. There is something wrong. What can an independent medical society do that the county society cannot do better? I don't know of anything. Of course, there may be some special society that has to work along certain narrow special lines, that might do better than the county society, taking up all the general work that a medical society can and ought to do, but it seems to me that that sort of situation is a challenge to those who are most definitely charged with the responsibilities of medical organization, for improving medical organization, for stimulating the zeal of county societies. Those who are most definitely charged with these duties are of course the officers of the State Association and the members of the Council of the State Association. But to get back to my proposition, that the greatest outstanding need of the medical profession is the delivery of adequate medical service to the people. Organized medicine can do a great deal and it is to my mind its outstanding responsibility to work for the scientific improvement of its individual member and to help him deliver the best service of which he may be capable to those dependent on him for medical advice and care. A member gets nothing out of a society, of course, unless he puts something into it, and he cannot contribute as much to the society as the society can contribute to him, because the society has the advantage of being able, organized effort; but when the medical society—the county, the state, the national medical organization of this country carries helpful service to the individual member in the place where he lives or as near as possible, medical organization in this country is going to be made tremendously stronger; and when the public sees that medical organization intends to do everything it can for the improvement of the service of its members to the public, certainly the influence of medical organization is going to be made tremendously greater. Now, I do not believe at all, and resent the whines and wails to the effect that the medical profession has lost all respect and confidence of the public, I don't believe a word of it. I believe the truly representative medical profession has more of the respect and the confidence and esteem of the public that it ever had before. I believe it exercises more powerful influence than it ever did before on earth; this old cry about its having lost its influence with the public and the esteem of the public, is an one. The very first president of the American Medical Association 77 years ago made the statement in his Presidential address, and it has been repeated at varying intervals ever since. I do believe that there are tendencies shown by the activities of certain men, here, there and yonder, that need to be corrected. I think there are transgressions that organization ought to take cognizance of and punish if necessary, though I do not believe in trying to apply strict punishment to every fellow that steps over the line; I think we can bring about the desired results in a much better way; but I do believe that it is up to us to take

notice of those things constantly being done by occasional men, which undoubtedly will eventually bring reproach on the whole medical profession.

The greatest opportunity to help the individual member that I know of is to give him instruction in the science and the art of medicine, and don't forget the *art* of medicine; we have forgotten it too much, in my judgment. I believe that can be done best not through the reading of papers, though papers and instructive lectures are fine and are necessary, but through the actual demonstration of the application of the methods of diagnosis, so that the individual man who has not got a laboratory at his elbow and an X-ray outfit at the other and 16 assistants all within call, and hospitals on every corner in the town, can do what a competent medical man can do without all of these things in his every day work. I believe that if medical organization will develop some scheme whereby graduate instruction, if you want to call it that or whatever you want to call it, shall be carried to the physician out yonder, who has not the opportunities that some of you have, through his county medical society, in the place where he lives or near enough to his own home so that he can actually get there for the instruction, it will make a great contribution. To that end the American Medical Association is to consider, has already considered and is considering the organization of some kind of plan whereby graduate instruction can be taken through the state and county societies to physicians in or near their homes. I believe that that offers a splendid opportunity to strengthen medical organization. And that is one of the greatest responsibilities that medical organization has now—strengthen itself for the benefit of its members and for the benefit of the public whom they serve. I thank you. (Applause.)

DR. JACKSON: I regret very much to say that we have a telegram from Dr. Tibbals saying that on account of illness he is unable to be here today to present to us the subject of Medical-Legal Defense,

I would like to say right here in connection with this, that I believe that this is a subject, the question of Medical-Legal Defense which County Societies and County Secretaries officers are not enough familiar, and Dr. Tibbals made the statement at the last meeting of the Council that he would be glad to accept an invitation from any County Society to discuss the Medical-Legal Defense plan that we have, with any of the County Societies; so that I think if you Secretaries make note of that you may provide yourselves with a good program by writing to Dr. Tibbals who said he would either come himself or send Mr. Barber, who is the Attorney that carries on this work.

We are ready then, now, for the Round-Table Discussion, discussion of these papers or any other subjects that you may care to discuss.

I will ask Dr. Warnshuis to start the discussion, he has charge of this I believe.

DR. WARNSHUIS: Mr. Chairman, Dr. West, Members of the Council and Fellow Secretaries: I am sure that the members of the Council, and I particularly, are very glad and grateful for the splendid response that has been made to this call for this conference this afternoon. I am not going back into history and tell about the efforts that have been made by the Secretaries of our component county units during the past years. You know the tribulations that we have gone through in organizational work and the obstacles that have been placed in our paths and the difficulties that we have had to surmount. However, now we feel that we are getting back, to use that old word,

to normalcy again. Those of us who are concerned with maintaining organization work feel that there is a definite problem confronting our organized members of the profession in dealing with the future and the relationship that we hold to each other, as well as to the public, and that you men as Secretaries who have been selected by the members of our State and our American Medical Association to act as their officiating officers in your respective communities, are charged with a definite responsibility in carrying out this plan. Much has been said about the need of organizing the public, and of informing the public, of educating the public, but I think as Dr. West has hinted just a few moments ago, that a probably still greater need exists in educating our own members, to render the service of the type which he described, to definitely define a relationship that we should bear to each other and the position and the individual effort that we must manifest in carrying out the work that we as doctors hold ourselves out for in the eyes of the public. I hope that this conference is just the beginning to not only an annual but possibly a semi-annual getting together of men who represent the doctors of County Societies of our State organization, where we can sit around, present our problems, discuss them, adopt a definite line of activity that is going to enable us to attain the ideals that the leaders in medical organization work not only in your State but in the Nation, are seeking to attain for the good of the individual doctor, and it is to that end Mr. Chairman, that I stand ready, and I know that the members of the Council who are present here, stand ready, and I am sure Dr. West also will join in and advise and talk over with you here in an informal way the best solution of the problems and the best policy that you can build or erect in your locality for the good of organized medicine.

I am not going to say anything more than that but just hold myself ready to answer a lot of the questions that undoubtedly are bubbling forth and have been bothering you in your minds. Some of you men have been old war-horses in the game, are doing splendid work in your localities; others among you are just breaking into the game and you are confronted with the problems that are common throughout the State, and it is for this purpose of co-operative help and assistance that we are together here this afternoon. As State Secretary a lot of my work and my duties are purely official and you might say confined to the office. Under our plan that is now in existence it is impossible for me to go around through the State and to confer with you individually and with your County Society; and so we want to make and have this meeting take the place of that conference, whereby we can talk over these individual difficulties, and I think Mr. Chairman by way of suggestion that we should not wait for one to be called upon, but that we should each right now start the ball rolling and fire the questions either at the Council, either at Dr. West or myself or any other member that you have around about you who you think can give you the information, and let us get some tangible facts that we can take home and then place them into active work in our local County Societies.

DR. JACKSON. I would like to hear from Dr. Clancy at this time, who is Chairman of the County Society Organization Committee of the Council.

DR. CLANCY: Mr. Chairman, Gentlemen: I want to say that notwithstanding the difficulties we encountered by way of travel, we started early

enough this morning but we got here too late for the opening of the meeting, I do not happen to know how many of our Secretaries may be present; I had hoped that those from the District that I represent would all be here, but unfortunately that is not true. However, I had last hour information from them last evening telling me why they could not come over for this meeting.

I believe that the Secretaries in the counties of the 7th district are men who have a real interest in the work, but they have not gotten as yet quite hitched up to the State organization in doing it, and perhaps the fact that they are not here is because of duties that did not permit them to leave at this particular date.

We have, however, the Secretary of the St. Clair County Medical Society, Dr. Brush, and he is as Dr. Warnshuis has stated, new to the game, and personally, and I think I would voice quite within reason the sentiment of the St. Clair County Medical Society in saying that we are glad he is new; he has not as yet acquired some of the indifference and carelessness of those that we have had before and I am quite sure he is not going to because he is a live young man.

It is a splendid idea, the getting together of the Secretaries of the County Societies. I cannot think of any other agency that we have within the control of the medical organization of the country than the work that may be done by the County Societies when they have been given an impetus forward in some well planned method of handling their part of the work that is so important. We are rather prone, I fancy, Mr. Chairman, to take it for granted that the fellow is chosen as Secretary of a County Society, and how is he chosen, we usually push it over on him, he don't ask for it, his predecessor will tell him I am so damned glad to get out of this thing and I am glad they elected you, and you came in simply because you didn't know of the many little troubles that you are taking. (Laughter.)

It amounts to this, that the average man in a Medical Society, County Society I am speaking of, does not feel a pride in that work; he feels that he is being used by his associates in there, to sort of keep up a connection between that County Society and the State organization, that is all, and he has got to take the minutes, and if he is there he will read the minutes at the following meeting of his society. If he is not there the minutes perhaps will be read and be left over until they have accumulated several months; anyway he has not a pride in that work, and I believe he has not a pride in the work because he feels that the State Society feels no interest in him, and he knows blamed well that his associates are not so very proud of him; so he does, simply because he is willing to go on and do the things that they don't want to do themselves and will not do. I have quite a bit of a cold and my voice is rather husky, I am afraid; but the point Mr. Chairman, in this: *That in my judgment, in my observation of the work done in county societies, the work of the Secretary is of more value to the real organization of the medical profession than all the other offices in your County Society put together.*

Now, how are we going to make those men feel a pride in their work? How many County Societies, Mr. Chairman, do you suppose, may be you know, I don't, how many societies in the last few weeks have said to their Secretaries, now you go over to Kalamazoo, and here is a check to pay all of your expenses. It is true we recognize that they ought to do it, but a whole

lot of them have not done it and don't do it; they feel that it is sort of a holiday for the man, you are rather honoring him, giving him a privilege, to ask him to go over to Kalamazoo and represent his County Society, when as a matter of fact they are imposing an obligation and we all know that. I believe with County Societies, perhaps something can be done in County Societies to make them feel their responsibility, that is what the attitude of the County Society should be towards the State Society; make them feel the importance of that connection and make them feel that they are under obligations to their Secretaries beyond all others. I thank you.

DR. JACKSON: Dr. Connor, we would like to hear from you.

PRESIDENT CONNOR: Mr. Chairman and Members: I must say I was very agreeably surprised to see so many County Secretaries here. Those of the men here who have been actively associated with the State Society for 20, 30 or 40 years, realize this thing has been tried before, and for a while as I remember it succeeded pretty well and then it gradually died out. I think this is the proper idea to have the Secretaries at this kind of a meeting rather than at the State meeting. In Wayne County we have difficulty apparently this year at least of getting an attendance out, and the question naturally arises how can you get your members to attend your county meetings.

I thought last year as far as Wayne County was concerned that the answer to that question was this: if you get a real live chairman on your program committee and get some nationally known speakers, you are very apt to get a large attendance. I think 1922 and 1923 as far as I can remember they had the best attendance in Wayne County they have ever had. Of course we had a wonderful program.

This year we have had fewer speakers of that character, but last Monday night I went down to the meeting and I thought they would have a big crowd, they had Dr. Olin, he gave a report on a survey the State Department of Health has made as to the goiter question in four counties in Michigan, and it certainly was well worth coming considerable distance to hear, and on top of that we had Dr. Kimball of Cleveland, who probably is better known in this country at the present time or as well known as any man who has done any work on goiter, and he gave a very interesting talk and as I say the room was not filled; so possibly my suggestion or my thought that all you had to do was to get a good program to get the crowd there, may not be obviously correct. I don't know as I have very much more to say. I haven't any solving of the matter, outside of the fact if I was Secretary or Chairman of the Program Committee I would still go on trying to get men who are well known, hoping the fellows would come out.

The Editor of the Bulletin of Wayne County during recent numbers of his Bulletin has had a continual sob about the small special societies who meet in Detroit; he thinks those meetings keep away the men from Wayne County. I don't think that is true because I happen to belong to one or two of them, and the men who go to those meetings never have attended the Wayne County; they are entirely different in character of the meetings.

I was rather interested in the Secretary of Kalamazoo Academy of Medicine when he said at the present time they were having their meetings and then having sort of buffet luncheon afterwards.

In the old days that is what we used to do in Wayne County. Those nights we used to get a pretty good attendance. Possibly you have got to feed the doctors to get them to come to the meetings.

DR. JACKSON. Now a great many things have been brought up, Dr. West has given us a great many good suggestions. The essayists who have read papers have brought up problems of program and membership attendance, there are probably other things that you have in mind, the relation of your County Society to the State Society, the relation of your County Society to the State Journal, the criticisms of the work of your State Society, the policies determined by the Council and the House of Delegates, the conduct of the Journal; we want you to get it out of your system whatever you have today, let us talk things over. Dr. Forsythe, will you begin and let us go around.

DR. FORSYTHE: I don't know why you should call on me first unless I came from Ann Arbor heading the list that way. I hoped I would get down to the tail end of the list.

I have enjoyed this meeting very much. I am very glad to have been here. I have been Secretary of our Society only a very short time, and our Society has usually had quite a conservative policy, being in a University town where the clinics are being held, and a great many opportunities for the men in that county to attend scientific meetings and hear lectures, etc. This year we have adopted instead of a four program year a twelve program year, that is once a month. I think our Society has improved because of the increased number of meetings. Our membership jumped up 25 or 30 and I think we are having as good a year as we have had for some time for the Society. We had recently a meeting to fulfil our obligation of having an educational meeting; we made the effort to get together all the professional people of our county who would be interested in a public welfare health work; we invited lawyers, and dentists and druggists and nurses, teachers, other professional people who are handling the public, who are meeting the public in questions of health and medicine, etc. Part of our program was a paper by one of the medical men who attempted to present to those people just what he would like to have them take back to the public, as to what modern medicine is and what we are trying to do.

Then we had the paper from Mr. Bingay of the Detroit News which was most entertaining and worth while.

I think that meeting was quite beneficial. I rather like Mr. West's notion that maybe attendance would be a little better and the work would be a little more appreciated if we didn't get down on our knees and beg people to come into our society; maybe if we stood up and said we have some qualifications here and if you want to come into this group, you meet them; they will probably be more anxious. Also, I don't know why membership itself couldn't be determined by attendance as in a certain luncheon club, say, if you are absent from three or four meetings you are automatically dropped.

I know that on our roster there are some members who do nothing but pay dues. I think if some of them let their dues drop they never could be elected again. Maybe some rules as to making a certain amount of attendance requirement a requisite to keeping up membership would be worth while. Our average attendance has been somewhere around 50 per cent of our membership,

and since our membership is made up to quite an extent of men who are interested particularly in teaching and are not practicing medicine, their interest therefore is not quite the same as the average practitioner perhaps. I don't think I can contribute anything, I have no particular questions to ask at this time.

DR. FINTON of Hillsdale: Mr. Chairman: There have been so many and such splendid ideas brought forth by the gentlemen who preceded me that I hardly know where to begin. I have aimed in coming here to be able to take home to my own Society, something of value and I certainly could do that if I could take home all that has been said. Of course I can't do that, but I am going to take the liberty of asking a few questions which have been brought up by the men who have preceded me here and will speak briefly of some of the difficulties under which I have labored as Secretary of a County Society. You must understand that our Society is a small one, it is located in a country where there are no large cities, only one city of about 5,000 with surrounding villages very much smaller. Quite a portion of the practitioners you might say are country practitioners and some of them live a long distance from our meeting place, as far as 25 miles. We find great difficulty in exactly adjusting our meetings to the requirements of all these classes of men. The men who live in Hillsdale where our meetings are usually held prefer generally to have the meetings held in the evenings because they don't have office hours as a rule and are therefore at liberty in the evening to attend. On the other hand, a great many of the members who live in the distant parts of the county would prefer to have them in the afternoon in order to be able to get there and get back home before night; so we have had considerable difficulty to adjust the claims or the requirements of these several classes of men, but that perhaps can be gotten along with easily, except for the trouble which has been alluded to all through all of these splendid addresses, and that is the lack of interest in the individual practitioner. Our experience has been through a long series of years that even although we might get in men from the outside to address us, of national or even international reputation, that in many cases they would be greeted by some baker's dozen. It is certainly humiliating to the Secretary and it is almost an insult to men of this character to ask them to do that, and yet we cannot assure them of anything better. What I want to ask is some of the points which will enable us perhaps to overcome some of this inertia, some of this indifference on the part of individual men. We have been holding our meetings ever since the great war quarterly, and we have usually had a fair attendance, usually about 50 per cent of our members. Now the question arises and has been put to us by a number of our members, would we do better to call out a greater interest or would a less number have more meetings, would monthly meetings be more satisfactory? That is a question that I can't answer, but I would like to put it to the men who are here and who have perhaps greater experience than I have.

It has been spoken of the idea of giving dinners and luncheons and banquets. Well, we have tried that and it has proved in a way successful, that is, that particular meeting would be well attended, but I don't know that it aroused any more permanent interest among the members than it did without it. We have a membership in the county of about 23 out of a possible 26, so our membership is pretty

fairly good for the number of physicians actually in the county. It is not so much a lack of membership, not so much that we cannot get the members in but to get an active individual interest so as to get a regular and full attendance, and that is one of the things that I want to ask the gentlemen here present to make suggestions not only for their own benefit but for mine, as to what is the best way to arouse this interest, how can we do it? Would we do it better by having more local talent instead of so much from a distance, or would we do better not to have any local speaker or anything of that kind at all and depend entirely upon our visitors' talent? Those are questions which arise. As far as the individual members are concerned we usually find them willing and glad to help along financially or in any other way; when a special need arises they are very generous about that, but in the matter of attendance, in the matter of taking hold and doing actual work, we find them very unconcerned. Some of them are willing to read papers. We certainly know by experience that we don't have to go outside of our own Society for good and instructive papers; we get them from certain members of our Society, and frequently get them—some of the best things we have ever had came right from our own Society, but how can we best arouse the interest of the average practitioner, by getting in a man from a distance with a national reputation or with a wide reputation or by depending more upon local talent? The question of the Medical Defense is one that I have pushed and brought forward to the notice of the Society as much as possible all the way through, because I have always considered it a very important one, and that has done, I think, considerable to arouse the interest of the individual members. In fact, we have so many valuable suggestions brought in that I can only touch on a very few of them and those are the principal ones, and that is what I would like to ask of those here what is the best way to arouse the interest of the individual practitioner?

Of course I feel that this connection between the medical education is a thing that ought to do a great deal for the doctors as well as for the public. The doctors bringing their views to the public, are often suspected of selfish motives; they think if the doctors give addresses or give public meetings to instruct the public in things that they ought to know that they have a selfish interest back of it. They suspect them, a great many of them do, and therefore they pay little attention to it; but when the President of the University, when Presidents of all the Colleges take hold and back this idea of education along medical lines, the people in general ought to know and feel that it ought to do a great deal for us as well as for the public.

THE CHAIRMAN. There are a number of us here. I think we will have to limit these discussions somewhat as to time; I think perhaps if we give each one three minutes for the discussion that we would have time to hear from anybody.

DR. THIEDE, Monroe County: I had this job pushed on me or wished on me last November. My predecessor absolutely refused to take it again, but gentlemen, I am glad to be here. The doctor here from Hillsdale County asked a few questions. I just might take a minute's time to say that up to two years ago we held our meetings four times a year and very often we didn't even have enough there to call it to order. So they hit upon the plan of holding monthly meetings with a little luncheon and getting in outside men to read

papers and we started that and for the last two years it has been very successful. We average possibly 5 or 20 members a month to our meetings. In regard to the local papers, we tried that and didn't seem to hit off very well. They didn't take much interest in papers by members of our own societies; so living near Toledo we usually had a couple of men over from Toledo and Detroit or Ann Arbor. The Legal Defense part of the State Society attracts of course. I suppose you all know a great many that you can recall, at least eight or ten men in your County who have never attended a meeting. They pay their dues regularly, very promptly, because they don't want to be let out in case that they should be sued for malpractice, and we have tried our best, I personally have tried, to get them to attend meetings, but they don't seem to take any interest in it at all. Possibly two years ago they had words with some other member, they are not on speaking terms; that is a question I would like to bring before the other members here in regard to the men who, well, we will say they have no use for one another, knocking, etc., living right in our own community, it really is a detriment to the Society, and I was wondering if some of you didn't have some of that experience and some way of overcoming it.

THE CHAIRMAN: I am sure your experience in this regard is entirely unique, doctor. (Laughter.)

DR. LE FEVRE. Muskegon: I am sorry that the Secretary from our county is not here. We have quite a thriving Society there now. I think we have about 45 or 46 members in good standing. We have an average attendance of about 30 to 40 at every meeting. We have a meeting twice a month. Sometimes we have some outside talent, like Dr. Dodge and Dr. Warnshuis, they draw very well. (Laughter) I am not always in a position to invite them because they require special food. (Laughter.)

I would like to say a word in regard to doctors difficulties here. It is an unfortunate condition I think, to live in a community and meet somebody on the street almost every day and you can't talk to them. We don't have that trouble any more in Muskegon; we used to; we used to have a lot of it, but we have got rid of all of it. They might talk when they are out of town against somebody, but not in town, they dare not do it. (Laughter.) We got away from that by education. I don't know particularly whether it started in the medical society or started in the hospital staff, it all takes in the same people anyway, and it was more in the form of education, that for the benefit of everybody it was best for them to forget their personal feelings. We always tried to find out if there was any truth in the things that were being said against each other and we always found out that it wasn't so, that it was misconstrued, that is a good deal like a man and a wife commencing to have trouble, will find that most of their trouble is imagination, and if you can only get somebody that will take the helm and get right at it you usually can clear it up. I think it depends entirely upon the individual people in their own community to iron out all of those difficulties. The medical men are a higher type than the men that should be fighting among each other, and that should be done away with. I think it is a calamity, and it is up to the people in your own community to take hold themselves and fight it out, clean it up, show where they are wrong.

I don't know as I have any suggestions about how to get out people to meetings. We have a

feed I guess almost once a month—whether that brings them out or not, but they come, and we have a very good program almost every night. Another thing we started a good big turn out in our town was bringing up the matter of contract practice, we certainly did get a turn-out. Everybody was there. There was another meeting that we had that everybody was there but one, that is when the President of the Society and the Secretary of the State Board of Registration came to Muskegon, they were quite a drawing card, we got everybody out inside of 24 hours notice to a dinner at noon. They stayed there until the meeting ended. That speaks pretty well of some of our own men in this State. I thank you.

THE CHAIRMAN: Let me ask each Secretary in beginning his talk to give the name and the Society of which he is Secretary, because, unfortunately I can't call you all by name, I hope to be able to next time.

DR. JACKSON, of Kalamazoo: I would just like to say one or two words. I was very much interested in Dr. Hoebeke and Dr. West's talk. We get along very well in Muskegon as Dr. Le Fevre told you.

We do have some troubles, and right now I was especially interested in what Dr. West said about the strength of the organization of the County Medical Societies and the plans for keeping the County Medical Society an institution that tends towards medical and public welfare. Now we are in a strange situation at home, that all but three members are against a certain system of practice and yet the minority by sitting tight have been able to run the thing their own way. It seems to me there is a weakness in the County Medical Society organization in the way that the minority, if they sit tight, can prevail, in this way, it is not our intent to use drastic measures to bring anyone into line. I think Dr. West has spoken about that, that is the last resort, that is, members have been prayed with and that was of no avail. I would like to know what procedure, if any, there is to bring about this thing. The matter of club practice. We are an industrial community. We have been practicing medicine under the old plan, we like it, a majority do, we have got three men that do club practice of medicine. The factories organize clubs and men go out and take care of the work. The county has declared against it, the Society has declared against it, we cannot bring the men over and we don't want to expel them, we wanted to correct their habits, but so far have been able to do nothing; we feel in an industrial community it is a mighty serious thing. I would be very glad for any suggestions.

DR. WOLFSON, Macomb County: In regard to attendance and membership: about twelve years ago we used to have—or up to three years ago, we had quarterly meetings, we would have 6 to 8, or 10 at a meeting. Three years ago we arranged for a monthly meeting with a little luncheon. Mt. Clemens, of course, being the largest city, in fact the only city of any size, ten thousand, has led the membership, and in our county we have around 32 members. We have an attendance of from 20 to 22 at each luncheon. Papers are read usually by local men. However, instead of holding meeting in Mt. Clemens we endeavor to hold two meetings in other towns, Richmond, Armadia, or Utica. We have from 50 to 60 per cent attendance at every single meeting.

In regard to ironing out a few difficulties. A few years ago we took in every single member in the county that would come in. Mt. Clemens being a

town where bathers come and strangers come, some wanted to hog the cases, in fact there would be fee splitting and things of that nature, there was a certain element that would do that. We ironed things out by taking every single member in that would come in, thinking we could control them better on the inside than on the outside. We have taken in some men who have played straight as far as we know. On the contrary, there is one man who could cure cancer, and we brought him up before the Board and we expelled him. Just as you say, Doctor, either do one thing or the other, if you can't do anything with them inside throw them out. That would be my suggestion to you on those cases. Very good, if they are treading on your toes what is the use letting them tread, that is the way we feel about it.

One thing that came up that was rather important to us. There was a certain member, a certain practitioner of our town who had gone down to Tennessee to practice. He had gone from Mt. Clemens to Detroit and Tennessee, back to Detroit, back to Tennessee and then to Mt. Clemens, and at one time he had belonged to the local society of Wayne county.

When he went down to Tennessee, he married a girl down there. He went in the paint business and he didn't practice for a few years. He was supposed to have gone on the road with some man with a tablet. Of course, he didn't practice then. He came back to Mt. Clemens a year ago and he started in to practice.

We made a rule at the hospital that no member shall be on the Staff who is not a member of the County Society. Well, that man was doing some work up in the hospital, so in order to continue to do work up there he applied for membership in our Society at the same time saying he didn't give a damn for the Society. So when his application came up last fall I said you will have to give me a check for \$10 for dues. Right there he knew more about that than I did or anybody else. He says, "Well, inasmuch as I applied from October to November and December for two months," he says, "I pay pro rata. I will give you a little less than a dollar." I says, "that is all right, Doctor, but our rates are \$10. You will have to give me a check for \$10." He gave me a check for \$10 and he had a certain member of the Society endorse it. Of course your application blank says two members shall endorse them, he had just one. So we referred the communication over to the membership board for examination and for investigation and report. The report that came back from the committee was unfavorable to him, from what his talks were and what his doings had been they would not endorse him. At the same time they didn't want to bring it to the whole Society to a vote. When it came to a vote every member that was present, over 20, the majority of the Society, including the man who had endorsed him for membership, backed up the committee by rejecting this man's application. In other words, it was unanimous to keep him out.

THE CHAIRMAN: I dislike to interrupt anyone, but we must not take too much time.

MR. WOLFSON: A question that I want to lead up to. We rejected him; then he took the matter up with Dr. Walker, who is Councilor for our district and he wanted to know the reason why he went over our Society's head. Dr. Walker came out and met the Society and practically every single member of the Society gave their version of the affair. Then he goes to Wayne County—

this is my point—gets the endorsement of two members down there and applies for active membership in that Society. I took the matter up with Wayne County and they said that they would not accept his membership unless he would apply there while a resident of Wayne County. As he practiced in Macomb County the point I want to ask is this, pardon me for taking the time, it doesn't say in the Society, as far as I know, in the constitution, how long a physician shall be a member of a County in which he resides before he can apply for membership. And also can a member go from one county to the other? Have you a board where you keep track of the eligibility of one member from one county to another. The thing is this, a man can be fired out of one county, rejected, then can he go into the other county?

DR. WARNSHUIS: The constitution and by-laws of the County as well as the State and the American Medical Association, state that the County Society is the only door by which a member can gain admittance to a County Society of his State and the A. M. A. There is no specified time in which he must be a resident in that community before he can become a member. In regard to the transfer, that man cannot become a member of the Wayne County Medical Society or the County Society of any other district without the consent of the Councilor of the District. County Societies are only permitted to elect to membership men who reside within the boundaries of their county and if anybody else applies for membership, if circumstances seem to warrant, as it might be where it is a little closer to attend the meeting of one County Society than it is the other, by consultation with your Councilor and his approval a man can become a member of the other Society. He could not become a member of the Wayne County Society without Dr. Walker's approval.

THE CHAIRMAN: A rather interesting thing of that sort came over in your County, Dr. Clancy, a man who was a member of the Lapeer County Society moved to St. Clair County.

DR. CLANCY: Yes.

THE CHAIRMAN: I would like to ask Dr. Walker about this because he is Councilor from Detroit. He had been a member in good standing apparently in Lapeer and he moved to St. Clair and he is a persona non grata in St. Clair County. They don't want him, they didn't take him. He keeps on paying his dues in Lapeer and then they decided not to take his dues any more. In the mean time he was an associate member, I think he wrote me, of the Wayne County Medical Society. I should like to ask what your attitude is towards men outside the County.

DR. WALKER: If he is a member of another County he is persona non grata.

THE CHAIRMAN: Dr. Dodge, have you anything to offer. Are you a County Secretary? We all know Dr. Dodge, we would like to hear from him.

DR. DODGE: Mr. Chairman, I was mostly interested in the remarks of Dr. West in regard to the care to be used in taking in members. It reminded me of some of our experiences back before a good many of you here knew anything about organizing County Societies, along back in 1902, when the present organization of the State Medical Society was formed and when we started out to organize County Medical Societies; it happened that I was a Councilor at that time and that our problem was to organize these Societies, and some very peculiar things happened, it would seem

laughable at the present day. We didn't have any County Societies in Michigan. They had one in Detroit, they had a Wayne County Medical Society there in existence before this organization, but they had a Detroit Medical Society which did not embrace the whole county, and the first thing they did was to disband the Detroit Medical Society and they all united together in forming the Wayne County Medical Society which had been rather a small Society up to that time. That went along very nicely in Wayne County. They had special Societies in some other cities, and in one of those cities there was a good deal of opposition to the new organization; they had a little Society called an Academy of Medicine which was very, very exclusive; they had standards of their own for admission, which were very finely spun. Unfortunately for their own reputation they had a few fellows who some of the rest of the doctors did not think were altogether ethical all the time, but they had rejected some very good material and this rejected material got together and formed a counter society and the Councilor at that time was supposed to sign the endorsements to get a charter, refused to sign it. He was a member of the Academy. Well, they sent an invitation to Dr. Connor who was at that time Chairman of the Council to come up there and attend a meeting of the Academy, and he declined, but stated that any time he would come and attend a meeting of the physicians of the County, publicly called, but he would not come to a meeting of an exclusive Society, and he directed that this charter be issued in spite of the contrary views of the Society. So the present Kent County Medical Society was formed in that way. It wasn't long, a few years perhaps, the first move that some of them took there was to try and organize a new State Society, but that fell through, and it wasn't long before the Academy of Medicine ceased to exist, and they have been getting along very finely as a general organization which takes in a large number, probably nearly all the members of Kent County. I belong to a small society about the size of Hillsdale.

We have all of the doctors in the County as members; we have a number from other Counties that are close to our line that are members, so we really have more than 100 per cent membership according to our reports. We started trying to hold monthly meetings, which didn't work, but finally we have drifted without any special premeditation into holding meetings when some member of the Society wants to entertain. In the first place the entertainment was furnished at different times by those of us living in Big Rapids, but the doctors outside began to wish to entertain themselves and so we go to their towns when they entertain. The roads are so good we can go any point in the County or in the adjoining Counties in a short time; and so the one who entertains also in addition to feeding the rest of the crowd, also furnishes the scientific program, either through his own efforts or through someone that he invites; and so we have very frequent meetings now. For the last few years we have held very frequent meetings, and there has always been somebody ready, and I think the outside doctors, I mean the doctors outside of the city of Big Rapids have taken a great deal more interest in it since they began entertaining themselves; there isn't anybody tells them when they are to entertain, that is simply a matter of their own selection and as a rule they are wanting to entertain every little while, so that we have a great many meetings and have a very successful time. I am throwing

this out, a sort of a thing that grew up by itself, nobody evolved that plan, it simply grew out from the fact that the city members were entertaining alternately, and the other fellows after they had had a few of our meals wanted to reciprocate, and it has added greatly to the interest which has been taken in the society.

DR. HOEBEKE, Kalamazoo, Allegan and Van-Buren Counties: The problem of attendance has been a big problem in our Academy, at least one that has been talked of more than any other, and I find it is probably the most talked of problem in other Societies still looking for the solution.

We have another situation in our Society on which I would like to have some discussion about, it may be more or less peculiar to our own Society in that we comprise three Counties. It so happens that a number of doctors live as much as 50 miles distant from Kalamazoo, and there are a few near Ottawa County, and for that reason have joined in Ottawa County. Our membership totals about 125, which of course, entitled us to about three delegates, at least we have had three delegates, and of course, being near that figure the number of delegates hinges on just a few members, and the question I want answered was how closely should County residentship affect County membership. It occurred to me, wouldn't it be possible for every man living in a County to join that County as an active member and if he wished to attend some other County more convenient for him or more congenial for him, couldn't he join the other County as an associate member, in that way the number of delegates couldn't be interfered with in any possible way.

THE CHAIRMAN: Dr. Warnshuis, have you anything to offer on that?

DR. WARNSHUIS: I don't quite get the doctor's point. The provision as to delegates is that each County Society is entitled to one delegate for every 50 or major fraction of 50 members. If you have only 125 members the Credential Committee of the House of Delegates will only seat two delegates for you; if you have 126 you are entitled to three. Now as to the attendance, of belonging to one County and holding a membership there and attending the meeting at the other County; that is entirely, Mr. Chairman, optional with the County Society and the Councilor of the District.

DR. HOEBEKE: For instance, west of us here is Cass County, where there is no active Medical Society. Would we be entitled to enroll men from Cass County who wish to belong to the Society.

DR. WARNSHUIS: Cass is right in your district. That is entirely a matter for the Councilor of the District to decide.

DR. CURRY, Genessee County: Regarding our membership, we have 20 physicians in Flint and about 20 in the neighboring towns and we have about 118 active members of the Society with an average attendance of about 90. We meet ten months during the year, twice a month, making 20 meetings in all, and we have no local men give papers at these meetings. They are all outside men and the program is taken care of by the Chairman of the Program Committee which happens to be Dr. Marshall and he arranges his programs so that each branch of medicine is pretty well represented throughout the year. We have associated these meetings with a luncheon, and we have them at noon on Wednesdays. We don't have any office hours on Wednesday afternoon.

We have luncheon at 12 o'clock and our scientific program begins about 1 and lasts until 2 or 2:30. We did have for a while, about a year, a Clinical Society which took up the papers of the local physicians, that was replaced by the staff meetings at the hospital. At those meetings we have papers by local men, and presentation of cases which are fatal at the hospital, or interesting otherwise.

It seems to me that the attendance at a meeting is best obtained by associating the meeting with a luncheon; that seems to work out the best, at least it does in our case.

Regarding members. We require a man to be in the city six months before he is eligible for membership in the Society. Then he presents his application and has it passed upon by the Membership Committee, which is the Board of Directors. If he is passed upon favorably then he is presented to the Society.

If the Society passes upon him he becomes a member. He has to be recommended by two men.

As far as association of our Society with the public, we have placed Hygiea in all the public schools at the expense of the Society and we have placed it in the schools associated with churches and in the library. Anything which has to do with preventive medicine we make public, particularly tuberculosis, cancer and any attempts at reform; anything scientific we do not, that is kept entirely within the archives of the Society.

Reading over the State Medical Journal, I think that the Secretaries are falling down in writing to the State Secretary. I have noticed in the last Journal about three letters, one of which was my own, and one from Houghton County, and I cannot remember the other. It seems to me with the large number of Counties we have in the State that more reports should be sent in. As to what is to be contained in those letters, I think the meat of the meeting regardless of the passing of motions to send flowers or that a social program was held some evening. I believe that the scientific portion of your program should be sent in. I believe that the County Secretary should answer all correspondence promptly, as that is your communication with the outside world.

DR. SQUEIR, Calhoun: Dr. Finton's point about the individual interest of the members is a very important one, and it seems to me that this is really the meat of the matter of attendance. If individual interest of the membership can be stimulated, there will be no question whatsoever about good attendance.

I feel that this is largely a matter of the lack of feeling of responsibility among the members at large. There is an ever present idea of "Let George do it." Practically for the past two years Calhoun County has had programs contributed almost entirely of out of town speakers, most of them very excellent men, and the programs have been of high caliber. In the last two or three meetings this has been departed from and the last meeting was a purely clinical case report meeting, presented by the members themselves. This meeting was unusually successful, all the members participated and took an active interest in it. There is no question but that they feel that more meetings of this type should be held. I am glad that Dr. Stone is here, I hope that he will speak something about the phase of it. When Dr. Stone was President of the Calhoun Medical Society meetings of this nature were held alternately with meetings at which outside speakers were present, and during that period, I was not through school

at the time, during that period it is reported that the Medical Society had the most successful year that it has ever had.

DR. KINSEY: I have already discussed Dr. Hobeke's paper, I don't want to take any more time than absolutely necessary. I want to speak, however, of the dark hidden mysteries, the historical past of the Society of which I have the honor of being Secretary and which I knew nothing about until a few moments ago when Dr. Dodge enlightened me. I have delved through the archives of our Society and the early minutes, which simply go on in a business like way to state how the Society was formed and so on, but nothing was said about the poor quality, the rejected branch of the tree and so on that formed the Society. I did know, however, that there used to be an Academy of Medicine long before my day, before I was a member of the Society.

I have already spoken in discussing Dr. Hobeke's paper of several means in which interest could be stimulated in meetings. At a time when Influenza was very prevalent in the community, by calling up ten men and asking each of those men to speak ten minutes on the subject of Influenza, we produced a turn out which is almost a record for our Society. I think that is a very simple way of getting a bunch together and getting a very interesting program on some live subject without any outside men at all.

Without taking any more time, I wish to speak of something which has been in my mind for some time, and that is the formation again of this County Secretaries Association. It seems to me that when it was organized before the war it was a very important organization. It to some extent enabled the County Secretaries to have communication back and forth, it bound them in a klan as it were, it enabled them to transmit the news of important meetings that were held as they were held, and often it enabled them to combine programs. A man coming from a distance if he knows he has three or four meetings near each other and different places, I think that it is quite an item, quite an inducement to get a man of reputation to come, a good deal more than to come to one place.

If it is in order, Mr. Chairman, I would like to move that we proceed to the organization of a County Secretaries Association.

A VOICE: I will support that motion.

THE CHAIRMAN: I am sure that such a motion is very much in order. Shall we act on that motion at present or shall we ask for discussion?

DR. WARNSHUIS: Hold it until the close of your discussions.

THE CHAIRMAN: What is your desire in that matter? (Hold it.)

THE CHAIRMAN: As the other members are called on for their round-table discussion we would be glad to have you give your opinion about the feasibility or organizing such a Secretaries' Association. I think it would be very important myself to do that and to make this Conference either at this time of year or some other time of year an annual affair.

DR. STEWART, Houghton, Keweenaw and Baraga: I am very glad to be here today. It is my first experience. I have been in Houghton County about eight years. We have a live Society in Houghton County. We have about 45 physicians there in Houghton and the other Counties, and we have a membership of about forty. We have our meetings once a month and we have found that having luncheon helps to bring out the members,

and we get pretty good attendance, probably 25 to 30. We also hold our meetings at different parts of the County, that is, we hold one meeting in Hancock and then the next meeting in Calumet, which is 15 miles distant in the north of the county, thereby getting out the men in different sections of the district. I think that is a very good plan in order to keep up the interest, because the men in the north end of the county don't like to go to the south end to attend the meetings. We have also found it feasible to change the date of the meeting and we are having our meetings on the first Tuesday of the month. Previously we have had it on Monday. I have found in my short experience that our meetings are better attended and there is more interest shown where we take up one particular subject and have that subject thoroughly covered, as in our February meeting we had the Goiter problem thoroughly taken up and we had short papers and talks by various men on this particular subject, and did not take up anything else. We had also at that time a good many members of the laity present, people interested in public health work. We had quite a large attendance, a dinner preceding the meeting. We also find we have better interest in our meetings if we hold our meetings at the hospitals. Now the next meeting we are going to hold at our County Tuberculosis Sanatorium, the general subject, "Tuberculosis," will be taken up. We have also had our trouble about Contract Practice, in fact we have contract practice very prevalent in Houghton County. One time there was a motion instituted that all doctors who are members of the County Medical Society should not do contract practice. However, this was killed and the motion did not go through. I am heartily in favor of a County Secretaries Association and would be glad to attend if I am chosen Secretary next year. I thank you.

DR. STONE: Councilor from Battle Creek: I think Houghton County or that Society up there comprising three counties, should be congratulated upon having a Secretary who makes a trip of this sort for this meeting. It is certainly evidence to my mind that a Society of that sort of Dr. Kinsey's motion will bring about an interest among the Secretaries which has been very much lacking in the last few years. Last September at Grand Rapids when this subject was discussed at our Council meeting, I was in favor of it, but I must confess I was a little bit skeptical. I am very, very happy to see the number of Secretaries here and the attendance that we have had today, to the wonderful program which has been put on. It is bound to be of great benefit to everybody concerned. It is going to make better Secretaries, better Councilors and individually better members of the Society and better County Secretaries.

Dr. Squeir alluded to a time when I was honored by being President of our local County Society. Briefly the history of that Society has been this: They were having, when I went into Battle Creek four meetings a year; about ten years ago we got that number increased to six and about seven or eight years ago it was increased to eight. About that time I was chosen as their President. I had been talking increasing numbers of meetings for a long time and having one or two or three or four friends who were with me, it was made possible by a motion going through our Society for a special meeting each month, and the number of the regular meetings was increased to ten; the special meeting, by the way, was to be called at the call of the President if he saw fit. So

we called a special meeting every month, giving 20 meetings that year. Our programs were made up early in the year for six or eight months ahead, and they were varied, some of them put on by local talent, but the majority of them were put on by men from outside.

We also made an effort at that time to interest the members of the Kalamazoo Academy and our other neighboring County Societies in attending our meetings. We in turn attended theirs more or less. The result of that was this, that where we had had an attendance of 20 or 25 at the beginning of that year, before that year was over we were having 125, 140, 150, 175 and 200 men attending our meetings.

We had no trouble in getting up programs, we had no trouble in getting men out. I believe one of the secrets of having successful County meetings is an attractive program, and the creation of harmony through some source of good fellowship and friendship among your members. I think good fellowship and friendliness among your members is more important than anything else. The only way you can ever bring that about is by rubbing ankles and elbows and stopping your knocking.

DR. KUDNER, Jackson County: We have a peculiar situation in Jackson County that I would like to bring up for your consideration. I am just new myself. I have only been Secretary for a few months. We were only meeting every three months until the first of this year, because we have a city hospital there whose staff is almost identical with the personnel of the County Medical Society, and they had very good programs at the staff meetings, had from 30 to 40 men out every month, and they thought they sort of pushed the County Medical Society in the background, these staff meetings. After the new election the officers of the Society got together and decided that the County Medical Society was more important than the staff meetings, because it was the foundation of organized medicine, and we decided that we would have monthly meetings, have good programs, outside speakers and good meetings, and we did not want to try and rival the staff meetings, although the personnel of the two are almost identical, so we called these special meetings, and whenever we want to, we have one once a month, we set a special date. We do not have a regular date to meet. We have had two very successful meetings. We had Dr. Oschner from Chicago to the one in February, and we had a very successful meeting, had about 60 men out. We sent out invitations to the surrounding Counties, I think probably some of you men got them, and we had a very nice meeting.

I think that the success of getting the men out is really in having attractive programs. The staff meetings take up case reports and occasionally they have outside men too, so that it practically now makes two meetings a month. Some of the doctors now are kicking on too many medical meetings, some of them belong to the staff at the other hospital, so that is three meetings a month for them. Of course they have to have the staff meetings to keep up their grading with the American College of Surgeons.

I was just wondering if there wasn't some way to get around that to combine the staff meetings with the meetings of the County Medical Society.

Another thing I think is very important in County Societies in creating good feeling and that is a social meeting occasionally where you don't

have any program. We had one in January and had a "pigs hock and saurgraüt dinner" at one of the cottages at the lake. It was on a rainy night in January, but we had a record attendance, didn't have any program, just had a social evening, a little poker and so on and so forth. I think those things always create good feeling among the men.

Another thing we have had in Jackson that has been quite successful, is Clinic week, in the spring, it usually takes up three days. We get men from outside to come and spend the whole day there or half a day, see cases and talk to the doctors at night. I think they will be more successful if we can spread them out instead of having the whole thing in three days, have about three during the year, have the visitor for instance in the morning or in the afternoon see the cases that interest the doctors, help them with their problems, and then at night have a lecture. I am going to try to work that out this year. So far the clinics have been very successful in the spring and always plenty of clinical material. We try and work the cases up as well as possible; sometimes the clinical material is so abundant we can't work them up as well as possible. I would like to have somebody answer this question with reference to the staff meetings interfering with the County Medical Society meeting.

DR. ———, from Saginaw: We have a very active live Society, a membership of 69 out of a possible membership of 73. The problem that Dr. Kudner brings up we have had to deal with in our County. We have in our city three city hospitals, as Dr. Kudner said it is required to hold staff meeting once a month in each hospital, to come under the approval list of the A. M. A. hospital. It is our aim to hold monthly meetings in each hospital. Once every month we do that. We have case reports from each hospital, one hospital will give a case report by one doctor. With that we have an outside speaker to bring a little more interest into the meeting and by doing that we seem to get in all the necessary things, it has brought out a very good attendance at each time. I think one way of getting a very good attendance is a fight. We certainly have had lots of fights in the last year or so; we haven't had sitting room for members, they all come out, all pay their dues. We have lots of fights. There is a very friendly feeling amongst the doctors; it is not a personal affair at all. It is about some subject that we are all interested in.

Another thing Dr. West brought out, it seems of interest to us, besides our County meetings is a district meeting. Dr. Curry from Genessee County tomorrow, I think it is tomorrow afternoon, is trying to arrange a Tri-County Society, that is, Bay County, Saginaw and Flint County. Genessee county has got a very attractive program and has invited our members in, and Dr. Curry was very nice in sending post cards all printed and ready to be mailed out, to our Society.

Dr. WERSHOW, from Ingham County: I am a novice in the game, having just been drafted last November and I found they were glad to find a new man to take the job, one unfamiliar with the details of the work. The work was handed over to me, a lot of detail apparently, and I saw the reason why it was not a popular job because it required a great deal of attention, mailing out cards, getting those things printed, arranging for meetings, etc., as you all know. I have attempted to simplify the work somewhat and I might offer to present some of the things that I did, perhaps it would help some of the other men in some of

the County Societies, the Secretaries. One thing I did was to do away with the mailing out of cards which is quite a detail for the Secretary. I have arranged with a commercial service that make a business of mimeographing or typewriting, sending out notices. All you give them is the mailing list you want and give them your notice over the telephone, put your own name on the list; the next morning you get your card. It only takes them two or three hours to send out any number of letters or cards and at the end of the month they send you a statement for the mailing and printing and paper and everything and usually the amount is less than an ordinary printing job would be for the notices. That takes a great deal of that sort of mechanical work away from you.

I have also placed the city editors of both papers on our mailing list, and doctors of the surrounding counties who are not members. I feel that the men in the smaller towns should receive notices, some of them belong to Societies but can never come to the meetings because they are busy with their work; they can get away occasionally to a State meeting of special interest to them, if they are informed why they will occasionally break away from their work to come to the meeting. Another reason why I put them on our mailing list was that I wanted to centralize, I wanted these men within a radius of 50 or 60 miles from Lansing to know that there are men in Lansing who are interested in medical work, and if they have any problems they should come to Lansing with their problems, and if this thing is kept before them all the time it will be a matter of a little while when they will develop an interest.

Now, when I joined the County Society, like in Lansing, I was impressed with the lack of interest. Of 90 members in the County, always about 35 turned out to a meeting and only about four or five that do the talking, they are the same group always. I wonder why. Everyone here has stated that there has been a lack of interest in their respective Societies. I came to my own conclusions and the conclusions that I came to is this, that the County Societies, the membership in the County Societies carried no prestige, there was nothing imposed, there was no obligation imposed upon a member to belong to it after he joins it, and the Society gives him no prestige for belonging. He belongs for certain reasons, a legal reason or if he wants to come sometimes and listen to a paper, but I feel that a County Society or any medical organization that impose certain obligations on its members, not merely the payment of dues, but there should be a certain prestige maintained in membership. That belonging to a certain organization is an honor, is an accomplishment, and I feel that that has been sort of put aside for the privilege of getting members. They want everybody in the County that dispenses medicine, and in that way every County Society, and I know that ours probably is no exception, I know ours is that way and I feel that the others are no exception, for good sensible men who are really poorly qualified to hold membership in any scientific society, and instead of looking for large numbers we should rather look for quality in getting these men and developing these men after they come in.

Dr. West stated that in the last ten days he received five or six communications from centers where men have organized independent medical organizations and Study Clubs, etc., and Dr. West wonders why the County Society can't do the work. In our city we have also organized a small

group Study club of ten or twelve men. These ten or twelve men felt that the County Society was not filling the place of the work that they should do. We get a man from outside who is a big man, and he will give us a talk, some special subject, a few men will discuss the paper, the bulk of the younger men who are just from clinics schools where clinics are held, are unable to express themselves because they are so young. They feel that Study Clubs of five and ten and twelve should get together around a round-table without any formality. They themselves should present papers and problems and discussions. Each man individually can get up on his feet before a small group and express himself. I know in our organization very few of the younger men ever get up and express themselves. For some reason or other they feel that a small Study Club, a group of five or six or seven should meet once in two or three weeks amongst themselves and study these things, and so we have a little Study Club in our city. It is an independent organization now, all of the men in the study clubs are members of the County Society, but it is the intention after it becomes firmly organized to transfer its work under the auspices of the County Society and see if we can organize a number, five or six or seven smaller units to study amongst themselves and perhaps once or twice a year to have a joint program: They feel that the County Societies are too formal; they don't make an effort to develop individual men within the Society. They will bring men from outside, or the old heads from the Society who always do the talking, predominate at the County Societies and the younger men don't get the opportunity or else they don't take the opportunity.

DR. SCHULZ, Branch: Dr. Clancy, I am a freak, I am a new, old Secretary, this is my third experience as Secretary of Branch County Society. I was elected Secretary on the reorganization of the Branch County Society. Twenty-four years ago Dr. Bulson from Jackson came out and organized the Society. The older doctors were scrapping among themselves, there was a lot of jealousy, and we had some pulling together. We have a small Society and we have a small County. We have only twenty physicians of the County. We have about fifteen active members, fifteen that attend regularly. We are meeting now every month, we used to meet once in three months. We have a luncheon at our meetings and we vary our meetings. We have outside men come in, we have some very good programs, and occasionally we have what we call a closed meeting. We have a meeting about once or twice a year at the physicians' houses and have round-table discussions and talks on different subjects. We also have an annual picnic every summer at the lake; we have no program at this picnic, it creates a little interest and keeps up the enthusiasm. We also have an annual banquet in the winter time. I believe I can see a great difference in the Society since I first belonged 24 years ago. Education and organization has made these County Societies what they are. It was a difficult matter at that time to get some big man from the outside, in fact it wasn't the general practice for men from the larger cities to come over and give a paper or talk at our society. Now they are perfectly willing and want to come, it helps them and it helps us, and I think that we can create an interest and a better attendance in our Society by publicity. I think every man wants to belong to a Medical Society, if he is active in practice, and if we make it a rule that if he misses three or four meetings without

any good excuse, to be dropped from the Society, I believe the man would be willing and anxious to stay in the Society and would take more interest in the meetings if we do that. I think I will make that suggestion to our Society because I know there are four or five members who pay their dues, but that is the end of it. I know if they were to be dropped that they wouldn't like it. The Tri-County Medical Society suggested here I think would be a good thing with Hillsdale, Branch and St. Joe. We had a get-together meeting with St. Joe last year at Sturgis and had a very good program. We are going to have another one this year. I think Branch Center is between Hillsdale and St. Joe. I think it would be a good thing for the three Counties to get together once or twice a year. I am heartily in favor of this organization of the County Secretaries.

DR. BUSH, St. Clair: I am young at the game, this being my first year. We have a membership in St. Clair of about 53 or 54. I think every man that is eligible in the County of St. Clair is a member. We have our meetings on the second and fourth Thursdays of each month, with a dinner at 6:30 and the meetings after, and I think our attendance has been better than 50 per cent.

At the beginning of last year we started having men from out of the county come in and read papers and as far as I can remember, I think in the last year, up until this time, two of our local men read papers. I wonder if it is a good plan to have outside talent all of the time? Does it create a good impression among the public? Someone brought up the subject of having a man reside in the county for six months to give the members a chance to look him over, see what caliber he was. That very thing was brought up at our meeting last week, when one of our men made a suggestion that we adopt in our by-laws that a man had to live in the County six months before he became eligible for membership. I think the conference of the State Secretaries should be held every year, I think it is a mighty good thing.

DR. TAPPAN, of Ottawa: I am in my second year as Secretary of the Ottawa County Medical Society, and my report would be very much similar to practically everyone that has reported here. We have practically the same problems and we run our Society very much the same as to dinners, attendance, etc. We firmly believe in the adage that the way to a man's heart is through his stomach. I think that will prove out in almost every instance; have a dinner and you will get the men out. We meet at noon and have our meeting immediately after. We use both the internal and external talent for the meetings. We have had one thing that has been mentioned in our program arrangement. We divide the Society into committees of three or four giving each committee one month to provide a program and it has worked out very successfully. We have one of those men as Chairman and the others working under him of course; these committees seem to take quite a bit of interest in getting up their meetings and we have a good attendance.

We had just a little bit of friction and we have had a little bit of trouble during the last year, principally on the line of ethics. We had one man come into town who insisted on advertising. He got out some cards in the beginning. On those cards he gave his residence and his office hours, etc., and a little statement at the bottom that he was specially prepared—it said equipped—to do surgery at the home. That, of course, took with a number of ignorant people, and was very suc-

cessful in getting three or four families together in one home, taking out the tonsils of all the children of those families. He did quite a bit of work of that nature. He did some questionable work in the hospital when he first came and subsequently we had to bar him from practice in the hospital. That was taken up before the Society, we threshed that out thoroughly. One thing brought up about this man was that during this first year, there began to appear a few anonymous letters written not only to doctors, but also lay people and nurses at the hospital, and these letters seemed to be all the same handwriting. We took the precaution of having that handwriting put before an expert and he declared the handwriting of the anonymous letter identical with the handwriting of some known piece of work that he had done. It was taken up before the Society. I was interested in Dr. West's statement about the membership drive getting in these questionable men who will support such men as those. I would like to ask, what are you going to do with a bunch of men who have been in Societies practically from the very beginning of the Society and who will support such a thing as that? We didn't have and we couldn't get enough men in that Society to convict this man and throw him out of the Society. I presume it was our own fault, may be we didn't go about it in the right way. We haven't taken it up before the Councillor of the District, and the last month or so the thing has dropped and nothing has been said about it, waiting for further developments I presume. If there are any suggestions I should be very glad to have them. Otherwise we have a very live Society and a very successful Society.

DR. JOHNSON, of Ionia and Montcalm: I feel, gentlemen, the grain of this discussion has been so thoroughly threshed out that there is very little for me to do except to hold the bag. The Montcalm Society united with Ionia just about a year ago this month. The present membership is represented as follows: 14 members from the original Ionia Society, and 15 from the Montcalm Society, making a total of 29. The non-membership is represented 12 in Ionia, 8 in Greenville. Out of this 20 non-members I should judge there wouldn't be more than half of that list eligible on account of age and other conditions.

Our meetings are held monthly except during the winter season, when the road conditions are so bad it is impossible to get a membership attendance sufficient to invite anyone to come in to speak to us. The meetings are held in rotation, Ionia, Greenville and Belding, which favors the people by getting them as near to the meetings as possible. One thing I can say, Dr. Clancy, I feel it has been a pleasure to me to have been the goat, it has been a pleasure to me to attend this meeting, I have got some very valuable points that probably will assist us in putting on our drive and making our Society more active than it is at present. Our membership of 29, our average membership in attendance is usually from 20 to 22. I think we have the same difficulty with certain members as other Societies in the fact that there are always a few members, that belong purely from the moral support they get, but never attend meetings. It is a very difficult matter to get them out. The problem of personal animosity among our professional men I can very gladly say is very little. Among the men in our County particularly there is excellent feeling, a wonderful feeling of good fellowship and friendliness. Personally I feel in regard to this matter of friendship that if

you wish to have friends the best way to bring that about is to be friendly yourself. One way we have stimulated a little personal good fellowship is by letting the professionals do the fighting. In other words, occasionally we round up the men and take in a good prize fight at Grand Rapids or attend a social dinner or go to a show. That stimulates a wonderful feeling of good fellowship and irons out a lot of little petty differences. The time has passed rapidly and it is getting late. There is only one impression I would like to leave and that is this: I think that if every physician would make it his duty to absolutely deliver his best at all times, to give honest, conscientious service seven days in a week and 365 days in a year, we will have less to fear from the other cults.

DR. WARNSHUIS. Mr. Chairman, the theme or the general thought that has predominated through this splendid discussion that has been participated in by the Secretaries, seems to bear upon the frequency of meetings and the maintenance of members interest. Dr. West's train leaves in an hour and I am sure that with his wide experience he might be able to give us some definite tangible message in regard to those two things.

DR. WEST: Mr. Chairman and Gentlemen: First I want to express again my sincere appreciation of the privilege of having been here at this conference. I don't know, it may be that this particular conference is like many others in that it is attended only by the very best and most active men among the secretaries. It is a fact that those who are here are thinking sincerely, seriously, earnestly and honestly about the problems that we have to deal with, and it seems to me that this particular meeting and the sentiment that is in evidence is guarantee that these problems will be dealt with and be successfully dealt with. A lot of things have happened here that have interested me tremendously. When Dr. Wolfson told about that fellow that went to Tennessee and came back, as I am a Tennessean myself, I knew that there was something wrong with that darned fellow. (Laughter.)

Dr. Dodge's story reminds me of a letter I received a year or two ago. Before I tell you about it, however, I want to say that Dr. Dodge—Dr. Dodge, and men like him—ought to write down for permanent preservation more than they have written of the story of medicine in this state. It would make a wonderful story, romantic and fascinating, and it is a pity that the history of medicine and medical organization in individual states has not been better written and better preserved.

What he tells you about one of your fine societies that was organized by rejected men, I am reminded of a letter I received about a year ago from a man out in a western state. Having noticed that he was President of his County Medical Society and that his name was not on the Fellowship Rooster of the American Medical Association, I sent a letter inviting him to be a member of the American Medical Association. He wrote back and said: "Dear Doctor, some years ago I came out to this country and I found a bunch of crooks out here in charge of the Medical Society. I didn't have anything to do with them, so I wrote the American Medical Association and asked them to let me be a member, and they told me no, they wouldn't have anything to do with me. Now all of those 'sons of guns' have died with delirium tremens, I am the President of the Society and you want me to get in. As far as I am concerned you can go straight to hell." (laughter.) I wrote the man a very nice letter and tried to smooth things over.* He wrote back and said he had been thinking about it, and inasmuch as he couldn't see

much difference between hell and Chicago, he thought he wouldn't press the matter any longer and we could stay where we were. (Laughter.)

Now I don't know whether all of those men that organized Dr. Dodge's Society have died off or not, if they have I hope they didn't die with D. T. It has been a long time ago and there was a re-organization from the bottom, at the time that those things Dr. Dodge tells you about happened.

There has been a conservative estimate made that 15 per cent of the men in medical organizations do its work. I believe that it would be nearer true to say that 10 per cent or less of the men in medical societies do the work of medical organization. I think we are to blame for that to some extent. I have been a Secretary of a County Society and a Secretary of a State Society and Secretary of a National Society, and more than that, and a whole lot worse than that, I at one time was Secretary of a State Board of Health. Now I know what it means to be a Secretary. There is a large disposition on the part of members, and an unfortunate disposition, to let the Secretary do it.

There is too much disposition in some quarters if my observation is correct, to let the Secretary do everything. I believe with all due respect to the Council of the Michigan State Medical Society and every other State Council, that many of the problems that have been mentioned here today and that are confronting the secretaries of all societies, could be straightened out, solved successfully finally, if the Councilors would get right on the job where these problems are. When you put all the pressure that medical organizations can bring to bear on these obstreperous fellows, you can either get them in line or put them in such a fix they have to get clean out of line and stay out of line. I walked down the street of a city in my own state one day and met a farmer whom I had known a long time, a rich man who lived in a splendid community where there were two good doctors, one and old man and one a young man. I stopped and spoke to him: "Hello, what are you doing down here?" "Well," he said, "I came down here to see a doctor, a member of my family is sick." I said: "What are you doing, coming way down here to see a doctor; you have two good doctors at home." "Well," he said, "Maybe I have, but I will tell you," he said. "Old Dr. A. has been pouring into my ears and everybody's else ears for a long time that young Dr. B. is a young whipper-snapper that is just out of college, and hospital, and don't know a darned thing, and of no account and unsafe," and "Young Dr. B. tells me that old Dr. A. is a darned old mossback that has forgotten everything that he knew that was worth knowing. I believe both of them." (Laughter.) "So when I want a doctor I come to Knoxville." That was a splendid opportunity, and it proved afterwards to have been a splendid opportunity for a Councilor to get on that job up there and straighten young Dr. B. and old Dr. A. out. The Councilor got them to see how they were not only hurting themselves, but hurting the entire profession of medicine.

Now, somebody here said something about the need of the young man. I am not opposed to these study clubs that our young friend over here talked about, I am for them. I belonged to a study club for years. There were about fifteen of us in the study club in a city of 160,000 population, but I will tell you what the conditions of membership in the study club were: No man could belong to it who did not belong to his Medical Society, and no man could belong to it who did not pledge himself to a certain reasonable attendance on his Medical Society; and it, by the way, met every week. So the study club is all right, either for young men or old men. There are

some old men that could be improved by joining a study club, but these independent Societies I have talked about in my opening statement are proposing to do the very thing under their constitution and by-laws that our County Societies are supposed to do under theirs. I can't see what the necessity for that is unless it is a bunch that wants to disrupt the County Medical Society and wants to destroy its influence. I believe that it is possible that in some County Societies the young men are not properly urged, are not given proper consideration, in fact I have been in one or two where I think that is quite true. On the other hand I think that in some County Societies the older men withdraw themselves entirely to the detriment of the Societies. Now my notion is that if we could pay due attention to the assignment of specific duties to the young men and to utilize the services and the mature judgment of the old men, where they can be best utilized to advantage, to give every class in the Society some active part in its work, it would be a good thing. I believe it is a good thing to give every man in the Society so far as can be done, something definite to do. I don't believe in having too many committees, but change them around a little bit and give everybody something to do a part of the time.

I was very much interested in Dr. Connor's statement about the success of the program in Wayne County last year and year before when they had all together outside talent on their programs, and then I was particularly interested when he went on to say a little further that this year they are not doing quite so well. Now, personally, I am not surprised at it. I believe, after watching the situation from a vantage point, that it is a mistake to have all outside talent on your program; I don't believe it offers opportunity for initiative and development of men in your own Society; I don't believe it gives them opportunity to make the contribution they can make. I don't believe it encourages men to develop, where they can make specific contributions that are worth while. So my personal opinion is that it is a mistake to give your program over entirely to outside men.

We have a lot of members in the medical organization that have been talked about here this afternoon that pay their dues and never do anything. They constitute a problem. I have had a lot of them tell me the only reason they belong to the County Medical Society was that they want to be examiners for Insurance Companies that will not give them jobs as examiners unless they are members of the County Medical Society, and they are perfectly willing to pay two dollars a year dues in order to get to do a thousand dollars worth of insurance examination. This question of dues is one that might be well talked about. I am encouraged to believe that there is a growing tendency toward the increase of annual assessments of dues in our County and State Societies. I think that is a very encouraging sign, because you can't do a great deal without enough money to be sure of yourself and to have things to do with.

The question of Club Practice is getting to be a very serious one all over the country. I have right now on my desk two letters, one I received yesterday afternoon and one day before yesterday afternoon, telling me of a development that I had never heard of before. One of them is from Birmingham. It seems the department stores in these two cities are now developing medical services of their own, and each employe of the department stores pays twenty-five or fifty cents a month, I have forgotten which it is, and the store management employes the physician. County societies are writing in to know

what they ought to do with those fellows that are doing that kind of work. It is getting to be quite a question. There are several societies that have within the last year dealt with this matter of contract practice, and they dealt with it very positively by just simply adopting a definite understanding officially that no man who did contract practice or club practice, could be a member of the Society. They told the public about it very promptly, and they handled the situation very satisfactorily.

Some one here told us that it is difficult for some of the members to get to the place where the meetings are held; there are some Counties where it is practically necessary to hold the meetings at one place, but it seems to me that it is fair that they should be held alternately at places that will suit the convenience of the men in the different parts of the County.

I believe that one of the most effective means of maintaining efficient organization is for the County Society, no matter whether it has fifteen members or a hundred and fifteen members or a thousand, to have some sort of a Bulletin, even though it be nothing more than a postcard. I think it was Dr. Taylor who is Secretary of the Oakland County Society who had a plan whereby he not only got out a bulletin, but sent around a little red freight tag, just an ordinary freight tag, to hang on the doctor's telephone. That tag just kept bobbing right at the end of his nose every time he went to the telephone to remind him that that County Medical Society was going to meet next Tuesday evening or next Tuesday morning, whenever it was—I believe they met at noon. Those little things all count, they help a great deal in my judgment, but a Bulletin of some kind, even though it be nothing more than a letter, and it won't take a Secretary with a small membership very long to peck out a letter on a typewriter, helps wonderfully to maintain interest and organizational efficiency.

Somebody said something about correspondence and I said "Praise God from whom all Blessings flow that somebody said something about that." If you will come down to my office I will convince you inside of two or three weeks, if you will stay with me that long, that many of the Secretaries and other officers of medical organizations of the United States are paralyzed, or that they don't know how to write, or the ink has run out or something is wrong with them, because it is just almost impossible to get prompt replies to official correspondence. Now they will answer any fly up creek proposition that comes from anywhere else on earth, but you just send them official correspondence and you will find it hard to secure a reply. Now that is unfortunate. It is unfortunate in the extreme, and it is sometimes so unfortunate that it interferes very, very materially with the efficient working of Medical Organizations.

I found from the observation of several County Societies in my own state that it was a splendid thing to vary the program once in a while and to have a lawyer come in and tell you something about law, or to have a college professor come in and tell you something about psychology, and to hear some other subject discussed by professional or business men; occasionally to have a banker come in and tell you some of the things that he can tell you that may be commonplace things of business, but really essential for the doctor to know. I believe that is a suggestion that will help in some instances, to give your programs over to men from outside the medical profession that can tell you things of real important interest to physicians. In some places that I happen to know of, the hospital staffs

are serving a splendid purpose by having their meetings at a convenient time and inviting all the County Society members to attend. Of course there are some things that the hospital staff must consider privately, after that has been done the doors are opened. I am glad to note that there are a lot of new Secretaries in Michigan. Every once in a while you know you find a fellow that was born a Secretary, and you can't beat him. Every once in a while, too, you find a fellow that has been Secretary so long that he has gotten into one groove out of which nothing on earth short of four tons of dynamite could blow him. So it helps, I believe, generally speaking, to have some new Secretaries every once in a while, and certainly, Mr. Chairman, my vote is that the new ones in Michigan are going to make things hum.

I am very grateful to you for your kind courtesy.

THE CHAIRMAN: I will have Dr. Warnshuis close this discussion.

DR. WARNSHUIS: Mr. Chairman. I have nothing more to say except to answer any other questions that you men might have. One thing that the Secretary from Genesee brought up, regarding the reports of your County meetings. The Journal has always sought to secure and obtain these reports and publish them as promptly as possible, for two reasons: In the first place, I believe that they form and will form in the future a medical history of our medical organization activities in the State; it may be referred to in the years to come. In the second place, as you pull off some stunt, or some special meeting or have some special feature of your program, and you send that in for publication in the Journal, your fellow Secretaries across the State, in the Upper Peninsula, or down in the lower tier of Counties may gain an inspirational idea and put the same thing over there. We are always glad and eager, in fact we want reports of your monthly or weekly meetings. Unfortunately, sometimes they are a little old by the time they are published, because we have to close our forms at a certain time of the month, and if your report comes in late, or a few day's after the forms are closed, it necessarily means holding it over until the next month. However, you will notice if your report is not published this month, it always appears the following month.

Now, as to the reports regarding your payment of dues. Just at this time of the year we are more or less swamped with the receipts of dues, and the work entailed in mailing out membership certificates. However, during the last part of this month, you will receive for your county our office record of the non-paid dues in your County. I wish you would check those over promptly and carefully in order that we may not do an injustice to any man and place him on the suspended list, discontinue his Journal, or deprive him of his Medical Protection. We are particularly anxious to have that report in this year promptly because our delegates to the American Medical Association are determined by the number of members that we report in to Dr. West as existing on April 1st.

I think the general discussion has been of benefit to us all. I am heartily in favor and hope that the Secretaries will organize this County Secretaries Association, and carry on a program similar to what we have had here today at least once or twice a year. As you probably noticed, we have a Reporter here, it is my purpose to publish all of the papers and the discussions that have taken place this afternoon in the Journal for the benefit of those County Secretaries who unavoidably or otherwise could not be present today.

I think with a little work and with a little help on your part we can make this a live going organization that is going to advance the interests of our State Society as well as that of all our County Societies.

THE CHAIRMAN: I hope there won't any of you go until we have voted on this proposition of Dr. Kinsey's.

DR. HARRISON: I would like to say, Dr. West spoke about correspondence; some three or four months ago I sent out a letter to every County Society in Michigan, asking them to take a census of ethical practitioners; I think I got a reply from about 25 per cent of those secretaries, and even those replies were delayed to the extent of two or three months. We had an idea of bringing an injunction suit against the chiropractors of Michigan for conspiracy; this was meant to furnish the people interested in this injunction suit with the names so that they could put them in the injunction. That has been held up because we hadn't the information. The secretaries don't seem to be interested in enforcing the medical act; they seem to think it is somebody else's business. It is the business of the prosecuting attorneys, but in interviewing the prosecuting attorneys they tell me that they absolutely get no support from the medical men. They assume that the medical men don't care whether these men are practicing there and raising all sorts of hell or not. They say when they get support from the medical men that then they will take notice and bring prosecutions against them. Until they get that they simply assume that the doctors in the vicinity are not interested whether these men are practicing there illegally or not. They are spreading all sorts of propaganda charging the medical profession with all sorts of crimes, and yet there isn't a single answer by the medical men or through the Medical Society to any of this propaganda that they are spreading.

The Judges of the Court said they don't know, they can't imagine why the medical men are so dumb about this kind of thing; they say it couldn't take place with lawyers or any other profession, but they simply do nothing or give no encouragement whatsoever.

I think the intelligent communities expect from the medical men certain information and certain protection, not only protection against disease, infection and all that kind of thing, but against quacks. If medical men simply sit still and do nothing, give no information at all, even when they advocate the "crime of vaccination," the crime of giving antitoxine, as they do openly in the local papers, no answer whatsoever appears.

It seems to me, if you took more interest, if you went to the prosecuting attorneys, stood behind their prosecuting attorneys, that there would be more successful co-operation.

In Detroit, for instance, our Health Department considers it its duty to protect the people from quacks, and so our Commissioner of Health there employs an investigator who sends out nurses and investigates the cases reported. That is one of the few places in the state that I know of, the only place in the state where the health officer takes that position, that the people should, through its health department, go after these fakes of medicine, as a part of the scheme of health protection.

THE CHAIRMAN: Are you ready for the question that Dr. Kinsey made that we proceed to the organization of a State County Society organization, County Secretaries' organization? Are you ready for that question? (Question! Question!)

As many as are in favor of proceeding with the organization of such a society will signify by saying aye. (Aye.) Opposed, by the same sign. The motion is carried. What is your pleasure?

Dr. Warnshuis: Mr. Chairman, I would recom-

mend, or would like to suggest that at this meeting there be elected a president and a secretary of the County Secretaries' Association, and that they comprise a committee that will take up the plan and general scheme of organization and report either through the columns of the Journal or by correspondence with the Secretaries. Motion Seconded.

THE CHAIRMAN: If there are no objections, then we will proceed to the election of first a president of such an organization. Are there any nominations?

DR. SQUIER: I will nominate Dr. Kinsey as president.

THE CHAIRMAN: Dr. Kinsey is nominated as president. Are there other nominations?

Move you the nominations be closed. Seconded.

Moved and supported that nominations be closed. As many as are in favor signify by saying aye. (Aye.) Opposed, by the same sign. The motion is carried. Dr. Kinsey is the only nomination. How will you proceed with the election?

I move that Dr. Kinsey be unanimously elected president of the County Secretaries' Association. Support the motion.

Moved and seconded that Dr. Kinsey be unanimously elected as president of this new organization. As many as are in favor will signify by saying aye. (Aye.) Opposed, by the same sign. Dr. Kinsey, you are unanimously elected. I will turn the meeting over to you.

DR. KINSEY: Well, I think there is nothing else to be done except to proceed with the nomination for secretary.

DR. SQUIER: I would like to place in nomination the name of Dr. Curry.

Dr. Kinsey is nominated. Supported. Are there any other nominations?

Mr. President, I move that the nominations be closed and that Dr. Curry be declared elected. Support the motion.

Moved and supported that the nominations be closed and that Dr. Curry be declared elected. All in favor say aye. (Aye.) Contrary. Dr. Curry is elected.

Is there anything else to come before this meeting before we adjourn.

DR. WARNSHUIS: Mr. President, I would just like to remind the Secretaries of the meeting of the Academy—that is to take place this evening at 6 o'clock down stairs in the dining room off of the main dining room. Dr. Fishbein and Dr. Abt are both here and are going to be the speakers. The meeting will start promptly at 6. You are all very cordially invited to stay at this meeting.

THE CHAIRMAN: The meeting will stand adjourned.

The following County Secretaries were in attendance: Johnson, Ionia-Montcalm; Forsythe, Washtenaw-Livingston; Thiede, Monroe; Fenton, Hillsdale; Schultz, Branch; Dean, St. Joe; Hoebeke, Kalamazoo; Squier, Calhoun; Kinsey, Kent; Wer-show, Ingham; Kudner, Jackson; Wolfson, Macomb; Stewart, Houghton; Curry, Genesee; Cady, Saginaw; Brush, St. Claire; Tappan, Ottawa.

The following officers were also in attendance: President, G. L. Connor, Chairman of the Council; J. B. Jackson, Secretary-Editor, F. C. Warnshuis, Councilors Darling, Walker, LeFevre, Green, Stone, Clancy, Ex-President Dodge, Secretary of Board of Registration, B. D. Harrison.

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Report Malpractice Threats Immediately to Doctor F. B. Tibbals, 1212 Kresge Building, Detroit, Mich.

Editorials

PERTINENT REFLECTIONS

The thought for this editorial was suggested by the following item that appeared in several papers of this state:

"Lansing, May 2.—A state hospital in which poor and needy cases could be treated free or at an extremely moderate cost is needed in Michigan, Gov. Groesbeck said today. He thought such an institution should be located in Lansing. The comment grew out of reports reaching him to the effect that exorbitant and out-of-reach prices have been assessed against persons of small means in private and semi-charitable hospitals."

After reading the above we were told a few hours later of one incident wherein a head of a family of two, earning about \$300 a month was charged by a doctor \$250 for attending his wife during a normal confinement. This, in addition to a hospital bill and nurse service of \$192, or, a total of \$442 for doctor, hospital and nurse for a single normal confinement.

This is but one incident. During the year

we have cited several more and scarcely a week passes but there comes to us from somewhere similar narrations of excessive charges for medical services. These incidents are crystalizing public sentiment and arousing a demand for relief. As a profession we have raved about state medicine. As a profession we are bringing onto ourselves state medicine.

Our science has made rapid progress. The public gleans the power we possess to conserve and prolong their physical well-being. Knowing, they demand its benefits. The average lay individual cannot afford to purchase these benefits unless we correlate their costs with his ability to pay. His love for his offspring may cause him to incur a single sacrifice, the results of which will often bring him greater disaster than the occasion involves, and assume an obligation beyond his financial responsibility. He will not do so repeatedly at the cost of his independence. It is when we compel such repeated sacrifices that he will through his legislators demand that the state grant to him that which we make it impossible for him to secure. It is for us to make available to the average layman professional services that will protect his physical welfare.

Unless we do, we may confidently expect that state institutions manned by state employes, will be erected and operated with professional independence subservient to their dictation. It is high time that these pertinent reflections shall influence doctors when they render their monthly statements.

THE WRITING OF PAPERS: SUGGESTIONS TO AUTHORS

Anyone who has ever had anything to do with the editing of papers for medical journals is familiar with the conglomeration of the author's original copy. We could write a book on the subject, for each month we are compelled to spend hours upon hours correcting and preparing these manuscripts for the printer. Sentences fifteen lines long, total absence of punctuation, capitals where they do not belong, paragraphs two and three pages long, figures under fifty where they should be written out, abbreviations, quotations with no indication of its ending, several different sizes of paper, close spacing, needless repetition, etc.

We realize that when unfamiliar with printers' rules one cannot compose an errorless copy. We do not expect that and do not ask it. But we do respectfully request that you observe the following suggestions when sending in manuscripts for publication:

Send the original copy—not a carbon copy.

Keep a copy of the paper until you have received the proof.

Use white paper 8½ inches by 11 inches. Allow a margin of at least one inch on both side and at top and bottom. Never crowd the page with typewritten matter.

Type in double space throughout. This includes the reports of cases and biography.

The title of the paper should be in all caps in the center, about 2 inches from top of paper. Immediately underneath the title, type your name on one line, an underneath that, the town. At the end of the manuscript type your street address on the left hand side.

Superior figures in the body of your paper referring to biography must never be enclosed in parentheses. They should be typed thus—Osler 2.

Figures in the body of the manuscript on a line with the other reading matter that divide your comment into several sections may be enclosed in parentheses, thus—(1)—(2).

When making changes in the manuscript write corrections in the body between lines—not in the margin.

Changes in proof must be written.

Illustrations: Write your name, address and the number of the figure on back of illustration. Mark "top" when it is not clear which is the top or bottom. This applies especially to illustrations of microscopical specimens and when only a part of the body is illustrated.

Legends for illustrations should be typed on a separate sheet, the title of the paper, the name and address of the author at the top.

Never roll a manuscript for mailing. Fold it once or twice, or mail it flat. Illustrations should be protected and mailed flat.

MINUTES OF JOINT COMMITTEE ON PUBLIC HEALTH EDUCATION

Minutes of the Meeting of the Joint Committee on Public Health Education, Kalamazoo, April 16, 1924.

1. The Joint Committee on Health Education met with the Secretaries of the County Medical Societies of the State at Kalamazoo, noon, April 16, 1924. Members of the Joint Committee present, as follows:

Representatives of the State Medical Society: Doctors W. T. Dodge, J. B. Jackson, F. C. Warnshuis, B. D. Harison and A. P. Biddle.

University of Michigan: President M. L. Burton, Dean Hugh Cabot, Dr. G. Carl Huber and Professor W. D. Henderson.

Detroit College of Medicine and Surgery: Dean W. H. MacCracken.

Michigan Tuberculosis Association: Mr. Theo J. Werle.

Michigan State Nurses Association: Miss A. L. Lake.

2. Reading of the minutes of the last meeting of the Joint Committee held in Detroit, January 16, 1924.

3. Report of health lectures given to date. Professor Henderson, Secretary of the Joint Committee, reported the following assignment of health lectures, to date:

Lectures assigned throughout the State outside of Wayne County	178
Attendance, 103 reporting	15,760
Lectures given in Detroit and Wayne County	75
Attendance, 64 reporting	42,000
Total number of lectures assigned to date	253
Increase in number assigned to date over total for last year	48%
Total attendance to date, 167 reporting ..	57,760
Increase in total attendance over last year	160%

The health lectures given in Detroit and Wayne County were assigned under the joint auspices of the Wayne County Medical Society Committee on Public Education and the State Joint Committee. Most of the lectures assigned to Detroit were given under the auspices of high schools and commercial organizations of that city. The average attendance upon health lectures in Detroit to date, 650.

4. Report of new names for the forthcoming Health Education Bulletin. The names of 62 additional speakers, together with their subjects, were approved for announcement in the next number of Health Education Bulletin.

Dr. Huber suggested that the names of speakers and subjects submitted to the Secretary between April 16 and the time of publication of the new bulletin be submitted to the Executive Committee for approval.

5. The question of the payment of the traveling expenses of those members of the State Medical Society who make extended trips incident to the giving of health lectures was brought up for consideration. This matter was referred to Dr. Jackson, President of the Medical Council.

6. Dr. Cabot called the attention of the members present to the tentative lecture outline on Goitre prepared by Dr. Cowie of Ann Arbor, for the assistance of those members of the speaking staff of the Joint Committee who have volunteered to assist in the publicity campaign relative to Goitre in Michigan. On motion of Dr. Cabot, the Secretary was instructed to have an adequate number of copies of these lecture outlines printed for use throughout the State.

7. The advisability of preparing outlines

on other subjects, such as Tuberculosis and Cancer, similar to the outline prepared by Dr. Cowie on Goitre was discussed and approved. On motion of Dr. Huber the Chairman of the Joint Committee was to consider the preparation of lecture outlines on Tuberculosis, Cancer, and other subjects of similar importance.

8. Mr. Theo. J. Werle, representative of the State Tuberculosis Association, called attention to the need of his Association for such data as might be incorporated in an outline on Tuberculosis similar to Dr. Cowie's outline on Goitre. Mr. Werle stated that it would be possible for his Association to assist in the expense of printing such an outline. He also stated that in the case of health lectures given throughout the State on Tuberculosis, his Association would undoubtedly be able to assist in the matter of compensation for traveling expenses, provided adequate notice is given of such assignments.

9. Dr. Warnshuis called attention to the importance of the matter of publicity relative to our Health Education Program through the State press.

10. The next meeting of the Joint Committee will be held in Ann Arbor, Monday, October 6, noon, Eastern time.

11. Meeting adjourned.

W. D. Henderson, Secretary.

April 21, 1924.

IODIZED SALT

In our April issue we imparted in extensive detail the activities that comprised the efforts of the special committee of the Pediatric Section of our State Medical Society in bringing about the formula for iodized salt and the work that was done to interest the salt manufacturers to make and distribute Iodized Salt. In our May issue we published an editorial, written by Dr. Cowie, Chairman of this Special Committee, setting forth the additional work that had been performed by this Committee and also outlining plans for future activity and work in order that the public might become informed as to the menace of goitre and how Iodized Salt is an effective prophylactic agent.

We doubt whether all our members appreciate the scope and value of this splendid piece of work that has been done by this Committee that so ably represents our State Medical Society. We have further doubt as to the support that is being given to this Committee by our members throughout the state. Iodized Salt is on the market solely because of the efforts of Dr. Cowie and his fellow committee members. While others, now that the value of this work is becoming more and more apparent, are seeking to purloin the credit while at the same

time they also are attempting to induce the manufacturers to remove from the packages the Committee's certification, it is an established fact that Iodized Salt was made possible solely and wholly because of the work that was done by the Committee from our Pediatric Section. Others may claim credit but such claims are unwarranted. Just at this time we are not concerned regarding that point. We are deeply interested, however, in urging our members to recommend Iodized salt to their patients. We are interested in inducing our members to carefully observe the results of its use. We are desirous that our members shall compile their observations and submit their reports to the Chairman of the Committee, Dr. Cowie. Dr. Cowie will gladly answer any inquiries and will supply any information that is in his possession.

It is urged that this assistance be given to the Committee so that in due time a complete report can be made to the people of Michigan. You, Doctor, are requested to contribute this assistance.

In order that every member may be fully familiar with all the details concerning Iodized Salt, and because information is at hand that indicates that in several localities doctors have failed to read the report in the April and May Journals, County Secretaries are requested to call the attention of their members to these two issues of the Journal in the notices of their county meetings that are sent out. County Secretaries are also requested to give a brief synopsis of the origin and value of Iodized Salt at the next meeting of their County Society. It is the Committee's desire that every member shall be in full possession of this information regarding Iodized Salt, and to that end does the Committee request this assistance from our County Secretaries.

CHICAGO MEETING—A. M. A.

The greatest medical organization in the world will hold its annual meeting in Chicago the week of June 9th. An attendance of 15,000 doctors is the estimate that has been made by national officers. Michigan should register a goodly percentage of this attendance figure. Doctors who do not attend the scientific sections of the A. M. A., miss an annual opportunity for post-graduate instruction no other country can give. A wonderful scientific program has been arranged. All the Sectional meetings are to be held on the Municipal Pier of Chicago, thereby obviating the annoyance of walking long distances from one meeting place to another in order to hear special subjects. A continuous, daily program of moving pic-

ture clinics will also be conducted. A daily diagnostic clinic will be conducted on the pier. At stated hours a Physical Examination Clinic will be held wherein attending doctors or members of their families may receive a physical examination at the hands of medical men who have been designated by the Chicago Medical Society and approved by the Executive Committee of the A. M. A. At the General Meetings those in attendance will be addressed by speakers of international reputation. Delightful entertainment programs have likewise been arranged. All in all this Chicago Meeting of the A. M. A. gives every promise of being the biggest and best national meeting ever held. You cannot afford to miss it.

We recommend that you write today, for your hotel reservations. Your four days attendance at this meeting is bound to inspire you and cause you to profit handsomely. It is not too late to arrange to attend. Michigan will be represented in the House of Delegates by Doctors Hornbogen, Brook, Frothingham and Nichols and by Doctors Shurly and Hirschman of the sections of Oto-Laryngology and Stomatology.

COMMITTEES FOR MICHIGAN STATE MEDICAL SOCIETY, MOUNT CLEMENS, SEPTEMBER 9-10-11, 1924

1. *Meeting Places*—E. G. Folsom, J. M. Croman, Jr., V. H. Wolfson.
2. *Hotels and Bath Houses*—J. M. Croman, Jr., V. H. Wolfson, E. G. Folsom.
3. *Entertainment*—R. Ullrich, W. Kane, A. A. Thompson, H. Wiley, T. P. Russell, G. F. Moore.
4. *Reception*—G. Perrson, F. K. Lenfestey, A. B. Allen, W. Norton, W. Kane, R. Ullrich.
5. *Ladies' Entertainment*—S. B. Montique, R. Turner, A. J. Warren, R. Greenshield, C. E. Greene, M. C. Cronin.
6. *Exhibits*—W. Norton, A. J. Warren, J. P. Letts, G. F. Moore, E. G. Miller, J. G. Curlett.
7. *Automobiles*—M. Smith, A. A. Thompson, J. G. Curlett, C. F. Mann, W. Kane, A. J. Warren.
8. *Finance*—J. M. Croman, Sr., A. B. Bower, M. C. Cronin, H. G. Berry, J. G. White, F. Scott.
9. *Decorations*—A. A. Thompson, M. Smith, T. P. Russell, L. Allen, W. Sharpe, J. Seaman.

OUR ADVERTISING POLICY

In conjunction with other state journals we have adopted the following advertising policy:

1. All medicinal preparations advertised must be accepted by the Council on Pharmacy and Chemistry for "New and Nonofficial Remedies."
2. No advertisement will be accepted which, either by intent or inference, might result in deceiving, defrauding or misleading the reader.
3. Extravagantly worded copy or sweeping superlative claims are subject either to revision or rejection.
4. Statements disparaging competitors' goods are not permissible.
5. Illustrations of a suggestive nature, or vulgarly worded copy, are subject to revision or rejection.
6. Statements indorsing any medicinal or dietetic

product will not be published unless with the written permission of its author. No indorsement or quotation from the writings of a physician will be permitted in advertisements after his death.

7. In the advertisements of books, statements will not be permitted which claim that any book is superlative in its field.

8. Advertisements of books on sexual subjects and venereal diseases must conform with the requirements of good taste in display, head lines and in text matter.

9. In the advertising of books, quotations from book reviews or from individual physicians may be used, provided the written consent of physician to such use is presented.

10. No financial advertisement will be published in which extraordinary returns are promised, nor are such statements as "absolutely safe" permissible.

11. Advertising of infant foods must conform to established fact as represented by consensus of statements in well recognized textbooks and periodical articles on infant feeding.

12. No advertisement of infant foods will be accepted which reflects unfavorably on breast milk, or on properly modified cow's milk.

13. Advertisements of medical journals carrying announcements of proprietary medicines not approved by the Council on Pharmacy and Chemistry will not be accepted.

14. Commercial laboratories which are conducted in an ethical manner may be advertised.

15. Commercial laboratories must limit their services to laboratory diagnostic procedures, and must not engage in diagnosis and treatment of disease of patients coming directly to the laboratory. The provision of special facilities at the laboratory for the use of physicians in the administration of remedies, or for the withdrawal of specimens, is considered a violation of this clause.

16. Laboratories may state the names of the permanently employed personnel, including consultant staffs, provided such consultants actually function.

17. Advertisements will be accepted for products which are official in the United States Pharmacopeia or National Formulary if they are marked under the official name, and if no unestablished therapeutic claims are made for them.

18. General or institutional advertisements of pharmaceutical or biological firms will be accepted provided: (a) that the firm's business is not chiefly that of handling unaccepted proprietaries, or (b) the firm deals in the main with official preparations.

19. Advertisements of tooth paste, cosmetics and soaps shall be limited to claims as to composition, and well recognized fact. The interpretation as to specific virtues of the product dependent on composition must be substantiated by acceptable evidence.

Will you not aid us in maintaining these principles and cause our advertising revenue to increase by patronizing those advertisers who make this journal possible?

Editorial Comments

Our next annual meeting is to be held in Mount Clemens. The date is September 9, 10 and 11.

Just now we want to tell you about the general plan that has been determined on for this annual meeting.

On September 9th the House of Delegates will meet at 2:00 and 7:00 p. m. The Council will also meet that day and some of the Sections are planning Clinical Conferences.

On Sept. 10th the General Session will convene at 10:00 a. m. All the Sections will meet that

afternoon from 1:15 to 4:00 p. m. In the evening there will be a General Session at 7:30 p. m., at which time a noted speaker will discuss some medical economic problem. The President's Reception will be at 9:00 p. m.

On Sept. 11th all the Sections will meet from 9 to 12 a. m. In the afternoon there will be a general session of all the combined Sections and the speakers will be invited distinguished guests. Dr. Culver, Vanderberg and Sladen will be responsible for the program of this general scientific-clinical session.

New and Nonofficial Remedies, 1924, containing descriptions of articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1923. Cloth. Price, postpaid, \$1.50. Pp. 422+XXXIX. Chicago: American Medical Association, 1924.

Every physician is continually bombarded with literature, scientific and otherwise, concerning the newer remedies. He has neither the time nor the opportunity to investigate all even of the more promising preparations, and obviously he cannot try them upon his patients without investigation. He must know the composition of the article, must know that the claims under which it is marked are true; in other words, he must have some critical statement of the actions, uses and dosage as well as of the chemical and physical nature of the product.

This need of the physician is met in New and Nonofficial Remedies, which is the official publication through which the Council on Pharmacy and Chemistry annually presents to the American medical profession disinterested, critical information about the proprietary preparations which the Council deems worthy of recognition. In addition to the description of these proprietary preparations, the book treats those non-official remedies which, in the opinion of the Council, are worthy of consideration.

As the book is designed for ready reference, each preparation is classified, and each classification is preceded by a general and critical discussion of that group. These articles are written by those who may speak with authority on the separate subjects, and are a compilation of the best accepted opinions of today. Thus there is a general article on lactic acid-producing organisms in which the newly accepted *Bacillus acidophilus* preparations are discussed in connection with other accepted sour or fermented milk preparations. The animal organ preparations, the biologic preparations, the arsenic preparations, and so on, are discussed in such a manner as to make the accepted facts concerning each group readily available.

A glance at the preface of the new volume will show that the book has been extremely revised. In fact, each new edition of New and Nonofficial Remedies is essentially a newly written book, fully indexed.

Physicians who wish to know why a given proprietary is not described in New and Nonofficial Remedies will find the References to Proprietary and Unofficial Articles not found in N. N. R. of much value. In this chapter (in the back of the book), there are references to published articles dealing with preparations which have not been accepted.

New and Nonofficial Remedies is a book that a physician who prescribes drugs cannot afford to be without. The book contains information about medical products which cannot be found in any other publication.

The book will be sent postpaid by the American

Medical Association, 535 North Dearborn Street, Chicago, on receipt of one dollar and fifty cents.

We believe this is the same Mr. Rubin who was so keen for State Medicine and similar forms of medical services for the people.

Jacob H. Rubin, writing in the Nation's Business, says:

"For twenty-five years I studied Karl Marx and went up and down this land preaching communism.

"I preached that capitalism was wasteful, corrupt, unjust and destructive of the soul. Under communism, I found a system unbelievably more wasteful, inefficient and expensive.

"I preached that corruption and bribery were adjuncts of capitalistic governments and under communism all officials would work unselfishly for the glory of the state. Instead I found corruption and graft on a colossal scale.

"I preached against the artificial distinctions of wealth and birth and America's dollar aristocracy. In Soviet Russia I expected to find all social barriers broken down and every man a comrade. Instead, I found new barriers and a new aristocracy.

"Like many another honest reformer, I failed to take human nature into account."

Having read the above it might be well to reflect on the following and possibly consider the end that will be attained in the enthusiasm that is being exhibited by social and health workers.

Government ownership, the socialization of industry, and similar communistic theories of economics have been entirely discredited by the Bolshevik experiments in Russia, says Emma Goldman, deported anarchist and former leader of the extreme socialists in the United States, has gone to Germany, and from Berlin is writing an account of her experiences under the rule of Lenin and Trotsky.

"Two years of earnest study, investigation and research convinced me that the great benefits brought to the Russian people by Bolshevism exist only on paper, painted in glistening colors of the masses of Europe and America by efficient Bolshevik propaganda," declares Miss Goldman. "As advertising wizards the Bolshevik excel anything the world has ever known before. But in reality the Russian people have gained nothing from the Bolshevik experiment. The Russian workers soon were placed under the industrial yoke of the Bolshevik state. Chattel slavery became the lot of the Russian proletariat. Try as I might, I could find nowhere any evidence of benefits received either by the workers or the peasants from the Bolshevik regime."

County Secretaries are requested to promptly comply with the request that is made in the editorial on Iodized Salt that is published on the editorial pages of this issue. County Secretaries are likewise requested to read the stenographers minutes of the Conference of County Secretaries that was held in Kalamazoo on April 16th.

The "Saturday Evening Post of Medical Journalism"—thus did President-Elect Pusey, of the A. M. A. characterize the Journal of the American Medical Association at a meeting of the Missouri State Medical Society. It is an inclusive description, still there are many who fail to avail themselves of this greatest medical journal that exists in this world. We oft-times wonder why our members forego its educational value. For the small annual fee of \$5.00 a doctor can receive it weekly and at the same time become a Fellow of

the American Medical Association. Neglect and carelessness is the principle reason. Tell your office girl today to write for an application blank and instruct her to cause you to fill it out as soon as it is received. Your dividend upon that investment will be a thousand-fold.

September 9, 10 and 11 are the dates for our Annual Meeting in Mount Clemens. The July issue will contain more detailed information and the August issue will impart the features of the program. Just now mark these dates on your calendar and keep them open.

The Annual Clinic Week of the Detroit College of Medicine and Surgery will be conducted during the week of June 16-20. A splendid program has been arranged, some very well known clinicians will conduct special clinics and the entertainment features will be pleasant. A cordial invitation to attend is extended to all our readers by the Committee on Arrangements.

Attention is directed to the Professional Announcements that appear in our advertising section. These announcements have been authorized by The Council and are for the convenience of our members in referring cases. It frequently happens that for one reason or another a patient is compelled to go to some other locality in the state and we are desirous of referring him for further care to a capable physician but are at loss to recall the name of the doctor or the field to which he limits his practice. Turning to these Professional Announcements the desired information is obtained. If you are not listed on these pages we will be glad to receive your order to insert your professional card.

From time to time we receive letters and newspaper clippings that tell of the activities of irregulars in engaging in the practice of medicine and surgery. Lately, from certain sections of the state, the surgical attempts of irregulars has been the subject of criticism. The query that is inevitably put is—What are the doctors and the state medical society doing about it? The answer is always very terse and consists of the one word—Nothing. The Medical Society and the medical profession is not and should not be the police power of the state. It is not incumbent upon the State Society to assume the role of prosecuting attorneys. The law that governs the practice of medicine is very clear in stating that violators of the law are to be prosecuted by the county prosecuting attorney, just the same as that official prosecutes violations of other state and county laws. If a law is being violated in your county it is the duty of the local prosecutor to bring action against the offender. If the medical law of Michigan is being violated in your county, it is a matter that should be handled by your local prosecutor. It is not the province of the State Society or any of its officers to make complaint. If your county has a prosecutor that winks at these violations and gives no heed to your request that he perform the duties of his office, then, we believe, that the next move is to elect a prosecutor who will uphold the provisions of the law in your county. The State Board of Registration in Medicine has neither the funds nor the agents to enforce the law and it is not charged by the act with its enforcement. Consequently it is a matter that concerns your prosecuting attorney and not one in which the State Medical Society should become the chief complainant.

Now that the bonus bill has been passed by Con-

gress, those of us that did not attain a higher rank than Captain will collect another stipend. At this late date the rank of Lieutenant and Captain still has its advantages, though during the active days we felt very humble with these ratings.

We note in correspondence received that many of our golf enthusiasts are spelling "four" as "fore."

There is no doubt but what a lot of the charitable work that is being done is sentimental, and in spite of excellent intentions, does much harm. It has always seemed that the greatest harm was pauperization. Individuals who might gain their self-respect and independence and become self-supporting, for their own and everybody else's good, are so aided with gifts and free services that they become addicted to charity and rarely make the effort to care for themselves. Upon the least little provocation they boldly apply for aid, and charity agencies, seemingly striving for numerical records of assistance given, pass out the dole or aid with little, if any thought, as to the future of the applicant. It is the big, black blot that besmirches so many of our welfare agencies and charity organizations today. The prevention of dependence, and not its encouragement, should be the primary object of all those who are engaged in charity and social work. The relieving of want should be of secondary importance. There are too many pauperizing influences in the field. There is great need for reconstructive agencies that will lead the charity-seeking individual back to a station in life wherein his independence becomes re-established. There is also need for legalizing the choking of some of our hosts of up-lift workers. The same may also be said to apply to some of our public health propagandists.

Correspondence

THE SAMUEL D. GROSS PRIZE—FIFTEEN HUNDRED DOLLARS

ESSAYS WILL BE RECEIVED IN COMPETITION FOR THE PRIZE UNTIL JANUARY 1, 1925

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 S. 22d St., Philadelphia," on or before January 1, 1925.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award

if the essays submitted are not considered worthy of the prize.

William J. Taylor, M. D.,
John H. Jopson, M. D.,
Edward B. Hodge, M. D.,
Trustees.

Philadelphia, March 15, 1924.

WAR DEPARTMENT—OFFICE OF THE SURGEON GENERAL, WASHINGTON

The Surgeon General desires that the attention of your Society be invited to the need which still exists in developing a reserve adequate to provide medical service under the Six Field Army Plan.

It is, of course, understood that members of the medical profession will respond promptly to the call of the country should a national emergency develop which will require their services. As the Surgeon General has endeavored to convey to the medical profession, enrollment in time of peace makes possible orderly organization of the Reserve Corps, which assures harmony to the personnel and efficiency to the organization.

If you find it consistent and convenient to do so, will you urge upon the members of the constituents of your Society their prompt enrollment in the Reserve Corps? Should you desire further information in this matter, it will be our pleasure to provide it. It is possible that you may consider it more convenient to have at your disposal application blanks for the Reserve Corps which it will also be our pleasure to provide if you indicate a desire for them.

Among some of the members of the profession, now officers of the Reserve Corps, there appears to be a misunderstanding of the promotion policy of the war department. This policy, a copy of which was sent you, states that members of the Reserve Corps are eligible for promotion to the next higher grade after each five-year period. It is possible that members of the Reserve Corps interpret this as granting them automatic promotion. This is not the fact. The promotion will be granted by an application initiated by the Reserve officer indicating his desire for promotion to the next higher grade. These applications for promotion should be submitted to the commanding general of the Corps Area in which the officer resides at least sixty (60) days prior to the expiration of his present appointment.

The Surgeon General directs that I express to the members of your committee and through you to the membership of your Society, his appreciation of the interest and support which they are giving the medical program for the National Defense.

Very truly yours, G. I. Jones,
Major, Medical Corps.

To the Editor of The Journal of the Michigan State Medical Society,
Grand Rapids, Mich.

Will you kindly publish in your Journal the following information concerning examinations by the National Board of Medical Examiners:

Part I., June 19th, 20th, 21st, 1924.

Part II., June 20th, 21st, 1924.

All applications for these examinations must be made on or before May 15th, 1924.

Further information may be obtained from the Secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa.

Very truly yours,
J. S. Rodman, Secretary.

Preliminary announcement of a prize essay competition on the vitally important subject, "The Interrelationships of Hospital and Community," is made by The Modern Hospital Publishing Co., Inc., in the

June issue of The Modern Hospital and The Nation's Health.

Three cash prizes of \$350, \$150 and \$100 will be awarded, and there will be such honorable mentions as may be authorized by the Committee of Awards.

The purpose of this competition is to concentrate the thought of hospital, public health, medical and social welfare workers on this timely subject for the purpose of crystallizing opinions and defining future objectives.

The general program for the competition may be obtained on and after June 1, from The Modern Hospital Publishing Co., Inc., 22 East Ontario Street, Chicago, Ill.

The Modern Hospital Publishing Co., Inc.

Editor of the Journal of the Michigan State Medical Society:

Provision has been made for the training of officers of the Army Medical Department Reserve, assigned to the Branch Assignment Group. Camps of instruction will be conducted at: Carlisle Barracks, Pa., for the First, Second, Third, Fourth and Fifth Corps Areas; Fort Snelling, Minn., for the Sixth and Seventh Corps Areas; camp not yet selected in the Eighth and Ninth Corps Areas.

It is planned to give officers of the Medical Reserve Corps who can accept training at these camps during the period, instruction in tactics and the technic of operation of divisional medical units. It is hoped it may be possible to stimulate interest among officers of the Reserve Corps in the Branch Assignment Group, and to make these camps an agency in improving the efficiency of officers classified for duty with units in the Branch Assignment Group. These camps will be for a period of two weeks, beginning about July 7. Officers interested should apply to the Surgeon General of the Army direct, indicating their desire to be ordered to active duty for a period of two weeks, for the purpose of training. In their applications, they should state that they have not been on active duty for training during the present fiscal year. Officers ordered to active duty for training receive mileage to and from camp and the pay and allowances of their grade.

It is requested that this matter be given such publicity as your Society is in a position to give it.

Very truly yours,

G. I. Jones,
Major, Medical Corps.

Dr. Guy L. Connor, President,
Michigan State Medical Society,
Storh Building,
Detroit, Michigan.

Dear Doctor Connor:

Under the auspices of the Bureau of Legal Medicine and Legislation, a legislative conference of our State Medical Associations will be held in Chicago, Wednesday afternoon, June 11, at 2 o'clock, in the offices of the American Medical Association. You are requested to have present such delegates as you deem proper. Probably members of your state legislative committee will be preferred in appointing delegates, but this is a matter resting in your own discretion. Associations having counsel continuously employed are urged, however, to include such counsel among their delegates, if practicable.

This conference is called to enable our state associations to discuss freely among themselves the outstanding legal and legislative problems that confront the medical profession. It should contribute materially toward determining the future

policies and activities of the Bureau. In order that such policies and activities may be such as will best serve the largest number of state associations it is necessary that every such association be represented.

Please let me know at your earliest convenience the names of the delegates who will represent your association.

Yours truly,

Wm. C. Woodward

Executive Secretary, Bureau of Legal Medicine and Legislation.

Editor of the Journal of the Michigan State Medical Society:

I am enclosing herewith an article on the organization of a Medical Intelligence Bureau, which has been established at Hot Springs, Arkansas, under the auspices of the local Medical Society, for the purpose of presenting to the medical profession of the country more definite information regarding the uses and efforts of these waters in the treatment of diseases.

No doubt, you are aware of the fact that these springs were taken over by the United States in 1832 and set aside as a Natural Sanatorium for the people of America for all time. In 1883, the United States Government constructed the Army & Navy General Hospital here, and a few years later the Public Free Bath House.

I have visited Hot Springs from time to time since 1895 and each year since 1921, and have been very much impressed with the treatment of chronic rheumatism, sciatica, arthritis, and allied conditions. In presenting this information to the physicians of America, in an ethical and professional manner, I believe I can be of great service to a large army of sufferers from chronic diseases, that has resisted the usual treatment at home, and which would be greatly benefited by a course of treatment at these springs.

I therefore feel that the organization of this bureau would prove of interest to your readers and trust that you can find space for it in an early issue. I would thank you also for a marked copy.

Very fraternally yours,

L. M. Maus,
Intelligence Officer.

Editor of the Journal of the Michigan State Medical Society:

Mr. Theo J. Werle, Secretary of the Michigan Tuberculosis Association recently submitted to the Michigan State Medical Society, a plan to promote annual physical examinations among the lay people. The plan seemed so acceptable to President Guy L. Connor that he has appointed the following committee to represent our Society and to develop plans for this campaign:

Dr. W. H. Marshall, Flint, Chairman; Dr. H. M. Rich, Detroit; Dr. B. A. Shepard, Kalamazoo; Dr. B. R. Corbus, Grand Rapids; Dr. A. Harvey Miller, Gladstone.

It is the desire of Dr. Connor that this committee meet promptly to discuss how we can best serve the interests of the medical men and the public in the promotion of these annual examinations. A meeting will therefore be held at the Downey House, Lansing, on Thursday, May 15th. We can meet at noon, have luncheon, and informally talk over this matter.

Hoping that you can arrange to be present, I am

Fraternally yours,

W. H. Marshall.

State News Notes

COLLECTIONS

Physicians' Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

Owing to illness in physician's family one of the finest general practices in Detroit will be sold. Cash income exceeds \$20,000 yearly. Location ideal. Equipment and furnishings the best. Competition negligible. Sale price at equipment invoice is \$5,000. Included are all home furnishings in situ, valuable appointments and a thorough introduction. Packard coupe optional. Lady office assistant knows entire clientele and will remain if desired.

Fees are excellent. No night calls and no confinements except at hospital. Surgical field unlimited. Ideal place for country physician of personality and ability who wants a wider field.

This is a real opportunity. No answer desired unless you are a successful physician, can come and investigate and have the money.

Possession given anytime between May 1st and July 1st. C/O Journal.

NURSES' private home, invites convalescents and invalids; best of care, fine location. R. Rs. N. Y. C. and Interurban; best of references given. For particulars write Bessie Bileth, 566 Ely Street, Allegan, Mich.

WANTED—A general practitioner for an excellent location in southern Michigan, city of 15,000 population. Excellent schools. An Episcopalian or Catholic preferred. Reply c/o The Editor.

OFFICE EQUIPMENT, furniture, practice, and goodwill of James H. Boulter, M. D., 1601-7 David Whitney Bldg., Detroit, Mich.

Dr. Richard M. McKean left for Europe about the fifteenth of May. He will spend the next months mostly in England and France.

The annual alumni clinic of the Detroit College of Medicine and Surgery will be held June 16 to 20 inclusive. It is expected that on the respective days the following men will be present to give clinics or addresses: Dr. John O. Polak of Brooklyn, N. Y., to give a clinic in Gynecology; Dr. Willard Bartlett of St. Louis, to give an address on "Surgery of the Thyroid;" Dr. Gustave Kolischer of Chicago, whose subject will cover the Genito-Urinary field; Dr. W. C. Stoner of Cleveland, who will conduct a heart clinic, and Dr. Joseph C. Doane, Medical Director of the Philadelphia General Hospital, who will give a chest clinic. These clinics and addresses will be given at Detroit Receiving Hospital, Harper, Providence, Grace, St. Mary's and Deaconess Hospitals.

Recently Doctors Guy Connor and B. D. Harrison of Detroit, were guests at a meeting of physicians at Muskegon at the Century Club.

The -4 and -9 classes from 1879 to 1924 of the Detroit College of Medicine and Surgery will hold their respective reunions on Tuesday, June 16th.

Dr. A. M. Campbell, Grand Rapids, attended the meeting of the American Gynecological Society at White Sulphur Springs.

Dr. Harold Wilson is spending some time at present in Europe.

The annual commencement exercises of the Detroit College of Medicine and Surgery will be held Thursday evening, June 19, 1924. The graduates in this class include altogether, men who have completed their fifth year as internes in some acceptable hospital, one man returning from Tacoma, Wash., and another from San Francisco, for commencement.

Dr. C. H. Judd entertained about fifteen doctors in his home on Tuesday evening, May 6, 1924.

Dr. R. R. Smith, Grand Rapids, returned May 10th from a three months' tour of New Zealand and Australia.

The American Golf Association tournament will be held on Olympic Fields, Chicago, on Monday, June 9th.

Just as we go to press we learn of the death of Dr. D. LaFerte of Detroit.

In testimony to his twenty-five years of service, a banquet will be given in honor of Dr. George H. Simmons, editor and general manager of the American Medical Association, by members, on June 9th.

Do you miss the news items? We cannot print them if you fail to send them for publication.

Examinations for state registration will be conducted by the board at Ann Arbor on June 10, 11 and 12, and at Detroit on June 16, 17 and 18. For further details write Dr. B. D. Harison, Secretary, Stroh Building, Detroit.

On Monday night, June 9th, the American Radium Society, of which Dr. J. T. Case of Battle Creek, is president, will hold its annual banquet at the Drake Hotel, Chicago. Professor Regaud of Paris, Dr. Howard A. Kelly and Dr. James Ewing will be the speakers. Reservations may be placed with Dr. Henry Schmitz, 25 E. Washington Street, Chicago.

President Connor has appointed Doctors Angus McLean, J. D. Brook and A. W. Hornbogen to represent our society at the legislative conference to be held in Chicago on June 11th under the auspices of the A. M. A.

Doctors Wile, Petersen, Eggleston, Hickey and Crane will participate in the scientific program of the A. M. A. by reading papers.

The societies composing our Fifth Councillor District held a scientific and social meeting in Grand Rapids on May 26th. Dr. J. T. Finney of Johns Hopkins' was the principal essayist. The arrangements were made and presided over by Dr. B. R. Corbus, Councillor of the District.

Dr. Hugh Cabot was summoned to France on account of the serious illness of his daughter.

Dr. A. W. Hornbogen, Marquette, attended the Republican State Convention, held in Grand Rapids, May 7th.

New York State Medical Society, at its annual meeting, held in May, increased its state dues to \$10 per member.

Deaths

The death of Dr. Daniel LaFerte of Detroit has been reported. The doctor was born in 1849, and was a graduate of Jefferson Medical College of Philadelphia in 1871. Besides the Michigan State Medical Society, he was a member of the American College of Surgeons and the Detroit Surgical Society. He was professor of Orthopedic Surgery at the Detroit College of Medicine and Surgery.

The death of Dr. Joseph Vandeventer of Leesburg, Virginia, formerly of Ispheming, Michigan, has been reported.

The death of Dr. Francis F. Shilling of Nashville has been reported. Dr. Shilling was born in 1862 and was a graduate of the University of Michigan in the class of 1901.

The death of Dr. H. W. Whitmore of Quincy has been reported. The doctor was born in 1857 and graduated from the Chicago College of Medicine & Surgery in 1881.

Dr. B. B. Godfrey of Holland was born in 1848. He was a graduate of Rush Medical College in 1878.

The death of Doctor C. F. Smith of Muskegon has been reported. He was born in 1873 and was a graduate of Baltimore Medical College.

County Society News

HOUGHTON COUNTY

The Houghton County Medical Society held its regular monthly meeting at the Houghton County Tuberculosis Sanitarium, Tuesday, May 6th, with 26 members present. A very sumptuous dinner was served at seven o'clock by Mr. and Mrs. Myers, after which a tour of inspection of the building was made by the doctors present. The following program was then carried out after a short business session.

"History of Our Sanitarium," by Dr. J. E. Scallon. Dr. Scallon went very thoroughly into the founding and appropriations for the building of the present sanitarium. The committee of supervisors, members of the Anti-Tuberculosis Society and of the Medical Society met on April 10, 1909. Ten thousand dollars was then appropriated by the supervisors to build the sanitarium. The sanitarium was either the first or second erected in the state. Dr. Scallon has been connected with the sanitarium more or less since its foundation in 1912.

The next paper was "Fundamentals in the Prevention of the Disease," by Dr. A. F. Fisher. This paper covered the field of preventive medicine and urged the establishment of Preventorium Clinics. The loss in money to our different industries due to sickness is one billion dollars a year. The death rate in the United States in 1923 was the ratio of ninety to a hundred thousand. Framingham, Mass., under Dr. Armstrong has reduced this to forty per one hundred thousand from one year following the methods of preventive medicine.

The third paper was "Laboratory Diagnosis," by Miss Ora Mills, technician of the Houghton laboratory. This paper dealt with the laboratory methods of diagnosis of tuberculosis, the various stains that are used, the technique use of sputum examination, and various animal tests. This was a very interesting and comprehensive paper.

Dr. LaBine next presented six cases of moderately and far advanced tuberculosis who are patients in the sanitarium. He demonstrated the methods of examination and presence of foci of

infection. These cases were all discussed by those present. A very full discussion of all of the above papers was then indulged in by all present. Dr. LaBine urged that all physicians of the different districts co-operate in sending their cases to the sanitarium, and assured them that they could send their private cases there and attend them individually.

On the motion of Dr. Gregg, seconded by Dr. LaBine, it was voted to refer Dr. Fischer's paper to the Committee on Publication of the Medical Society and give the same to the press. On motion by Dr. LaBine, seconded by Dr. Gregg, it was voted to have a banquet in place of our next meeting for Dr. J. E. Scallon, who celebrates his fiftieth year in the practice of medicine next week. The meeting then adjourned, all voting Mr. and Mrs. Meyers a kindly vote of thanks for their hospitality and entertainment.

Yours very truly,
G. C. Stewart, M. D., Secretary.

IONIA-MONTCALM COUNTY

The Ionia-Montcalm Medical Society met Friday evening, April 17th, 1924, at the Hotel Bailey, Ionia, Michigan, with sixteen members present.

Dinner was served at 7 o'clock after which the following program was presented.

Subject: "Meddlesome Midwifery and Other Obstetrical Problems."

Speaker: Dr. Alexander Campbell, Grand Rapids, Michigan. He spoke of Obstetrics as a community obligation and condemned the wave of Meddlesome Midwifery. A plea was made for more conservative obstetrics and to keep the welfare and safety of the infant in the foreground. Also conservatism in the use of pituitary gland preparations, forceps and cesarian section, without definite indication for their use.

The subject of Eclampsia and its treatment was presented in a very thorough manner. A very fine discussion by all the members present emphasized the interest stimulated by the address.

Subject: "The Medical Aspect of Certain Colon Bacillus Infections."

Speaker: Dr. Merrill Wells, Grand Rapids, Michigan. Dr. Wells presented the subject in his usual masterly manner covering in detail the etiology, pathology and treatment. The paper was discussed by many members present.

Dr. I. S. Lillie was unanimously elected to membership.

Meeting adjourned until second Thursday in May.

F. A. Johnson, Secretary.

NEWAYGO COUNTY

On April 22, 1924, the regular monthly meeting of the Newaygo County Medical Society met at the Valley Inn at 6:30 p. m., in the village of Newaygo, Michigan.

After dinner was served, the meeting was called to order by the President, Dr. Brady of Newaygo.

The minutes of the last annual meeting were read and approved, and a motion was made by Dr. Long and supported by Dr. W. Geerling that the Secretary request the publication of the minutes of our Society as reported. The motion was carried.

Moved, by Dr. Mateer and seconded by Dr. Long, that the unanimous support of the Society be given to the Prosecuting Attorney, in proceeding against all chiropractors in Newaygo County. Motion was carried.

A motion was made by Dr. Mateer and supported by Dr. Branch that a standing committee of three be appointed for the year, to confer with the Board of Supervisors concerning medical attendance, health officers duties, and uniform fees, in the county. The motion was carried and the President appointed Dr. N. DeHaas and Dr. C. A. Mater and Dr. J. C. Branch.

The Society then listened to two papers by the President D. Brady: "Primary Acute Nephritis in Infancy and Young Children," and "Diphtheria."

Discussion by Drs. Black, Long, W. Geerling and Mateer.

There being no further business the meeting adjourned to meet again May 20, 1924, at Fremont, Mich.

W. H. Barnum, Secretary.

GRATIOT-ISABELLA-CLARE COUNTY

The April meeting of the G. I. C. was held in the Alma Chamber of Commerce. Supper was served cafeteria style to 23.

Dr. Frederick A. Collier of the Surgical Staff of the University Hospital talked on "Diseases of the Gall Bladder," and used lantern slides to illustrate his subject.

The talk was good, the pictures were instructive, the supper was congenial and filling altogether a very profitable meeting.

E. M. Highfield, Secretary.

Book Reviews

PRACTICAL CHEMICAL ANALYSIS OF THE BLOOD, by V. C. Myers, Dept. Bio. Chemistry—N. Y. Post graduate school. Second edition, revised, cloth. Price \$4.50. C. V. Mosby Co., St. Louis, Mo.

A book that will serve as a valued aid to the physician and laboratory worker in securing desired information from their blood analyses.

DIFFERENTIAL DIAGNOSIS—Presented through an analysis of 317 cases By Richard C. Cabot, M. D., Professor of Medicine and Professor of Social Ethics at Harvard University. Volume 2—Third Edition, revised. Octavo of 709 pages, 254 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, \$9.00 net.

An excellent, up-to-date edition of this text that is of such vast value in perfecting our diagnostic ability.

ABT'S PEDIATRICS (Volume III)—By 150 Specialists. Edited by Isaac A. Abt, M. D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Eight octavo volumes, 8,000 pages, 1,500 illustrations, separate index volume free. Volume III contains 1,051 pages with 223 illustrations. 1924, cloth, \$10.00 per volume. W. B. Saunders Company, Philadelphia and London.

This third volume justifies what was said of the first two and gives further promise that this system will be the standard authority for profession.

APPLIED PATHOLOGY OF NOSE, THROAT AND EAR—By Joseph C. Beck, M. D., F. A. C. S., Chicago. Cloth, \$7.50. C. V. Mosby Co., St. Louis, Mo.

A well illustrated text, limited to pathology and exclusive of surgical interventions. A text that will, as we so badly need, induce consideration of pathology and pathological needs and processes before consideration is given to surgery.

CIRCULATORY DISTURBANCES OF THE EXTREMITIES, including Gangrene, Vasomotor and Trophic Disorders, by Leo Buerger, M. A., M. D., New York City. Cloth, \$8.50. W. B. Saunders Company, Philadelphia and London.

A splendid text covering the domain of circulatory,

vaso-motor and trophic disturbances of the extremities. Well illustrated, exact in description, based on known pathology and void of nebulous theories, it is a valued contribution.

CANCER: NATURE, DIAGNOSIS AND CURE—By Francis Carter Wood, M. D.; Director Institute for Cancer Research, Columbia University. Funk & Wagnalls, New York.

MAN AND THE MICROBE: HOW COMMUNICABLE DISEASES ARE CONTROLLED—By C. E. A. Winslow, Dr. P. H.; Professor of Public Health, Yale School of Medicine. Funk & Wagnalls, New York.

COMMUNITY HEALTH: HOW TO OBTAIN AND PRESERVE IT—By D. B. Armstrong, M. D.; Sc. D.; Executive Officer of the National Health Council. Funk & Wagnalls Company, New York.

THE BABY'S HEALTH—By Richard A. Bolt, M. D., Gr. P. H.; Director Medical Service, American Child Health Association. Funk & Wagnalls, New York.

PERSONAL HYGIENE: THE RULES FOR RIGHT LIVING—By Allan J. McLaughlin, M. D.; Surgeon United States Public Health Service. Funk & Wagnalls, New York.

These comprise the initial unit of five volumes of the 20-volume National Health Series, edited by the National Health Council, written by the leading health authorities of the country, and published by the Funk & Wagnalls Company. The other 15 volumes will be published in units of five titles, the series to be completed by May 1, 1924.

Each of the five present volumes covers a subject of vital importance to the general public. To our knowledge, no books of a similar nature have ever appeared that have made the nature of the diseases, their prevention, and their cure so clear to the layman.

Every seeker for health, either for himself or for others, will be able to secure authoritative information in the National Health Series which he may follow in fullest confidence. The language is non-technical and easily understood. The volumes are compactly written, though at no sacrifice to clearness—a point of great desirability to the average person who does not care to take the time and trouble to read perhaps hundreds of pages of non-essential details, or who will not bother trying to understand technical treatises.

MANAGEMENT OF DIABETES—By George A. Harrop, M. D., Presbyterian Hospital, New York. Cloth, 190 pages, price \$2.00. Paul B. Hoeber, Inc., 67 E. 59th St., New York.

This book is intended to be a manual for physicians and nurses, on the management of this disease by means of dietary regulation (which still remains the foundation of all diabetic therapy) together with the use of insulin. It is the outgrowth of experience gained in giving a course of instruction to 600 physicians and about 50 nurses at the Presbyterian Hospital in the summer of 1923, under the auspices of the College of Physicians and Surgeons, and was made possible by a grant of money from Mr. John D. Rockefeller, Jr.

The use of insulin in the treatment of diabetes was begun at Presbyterian Hospital (the first to use it in New York) in August, 1922, and practically all of the cases treated up to the present time have been observed and followed by the author.

An easily followed outline of every procedure has been given, with practical hints on just the points concerning which the physicians taking the course have asked fuller help.

The food tables represent a distinct advance in general practical utility and simplicity.

Each food is set down as to its content of fat, carbohydrate and protein in five and ten gram multiples up to one hundred grams, together with the weight or

size of the average serving, so that the actual amount of calculation is greatly lightened. Group figures are used for fruits, vegetables and meats.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1923—Cloth. Price, postpaid, \$1.00. Pp. 72. Chicago: American Medical Association, 1923.

This volume contains the unabridged Council reports that have been adopted and authorized for publication during 1923. Some of the reports, due to their technicality, have only been abstracted in *THE JOURNAL*; others have been published in entirety, and still others have never been published elsewhere.

In this volume the Council sets forth the reasons that certain proprietary remedies were found unacceptable for New and Nonofficial Remedies, the reason why it has been deemed wise to omit certain hitherto accepted articles from the present 1924 edition, of New and Nonofficial Remedies, and the volume also contains certain preliminary reports on products that have therapeutic promise, but are as yet in the experimental stage. There is a long report on the widely advertised Fleischmann's Yeast, which was not found acceptable. Benetol, another article that has had much mention in the daily press, receives attention. There are reports on apiol and mercurial oil, which have been omitted from New and Nonofficial Remedies. In addition to these types, there are preliminary reports on bismuth in the treatment of syphilis, ethylene as an anesthetic, peptone in the treatment of migraine, and tryparsamid; and there are reports of such general interest as that on intravenous therapy and that on progress and conservatism in therapeutics.

For one who wishes to be cognizant not only of what the Council has done, but why it has done it, the book will be very valuable, for it supplements New and Nonofficial Remedies with a more detailed account of the activities of the Council during 1923. New and Nonofficial Remedies records those proprietary remedies which have been accepted; Council Reports treats those which have been found unacceptable, and those which give promise of becoming valuable.

THE GALL-BLADDER

In the *past* of the gall-bladder Dr. Sweet has reviewed its embryology, pointing out as the striking developmental fact that the gall-bladder arises as an independent unit from the same group of ancestral cells as give rise to the stomach, duodenum, pancreas and liver.

Under the *present* of the gall-bladder, the author reviews the gross and microscopical anatomy of the gall-bladder, emphasizing particularly the unusual blood and lymph-supplies of the organ and the existence of two valve-like structures at the outlet of the gall-bladder. The writer also calls special attention to the existence along the bile-ducts of out-pouchings of the mucosa, which seem to possess the functional possibilities of accessory gall-bladders.

In the *future* of the gall-bladder, is discussed the possible functions of the organ. Experiments upon the relation of the gall-bladder to the cholesterol of the blood are cited.

Sweet concludes that the gall-bladder is an organ for absorption and that this function is in some way connected with the problem of cholesterol absorption. His view of the function of the gall-bladder is expressed in the sentence, "whatever passes into the gall-bladder through the cystic duct never passes out again through the cystic duct."

THE VALUE OF SODIUM CHLORID IN THE TREATMENT OF DUODENAL INTOXICATION

Claude F. Dixon, Rochester, Minn. (*Journal A. M. A.*, May 10, 1924), presents six cases of duodenal intoxication. Chemical examination of the blood, in cases of duodenal intoxication, gastric or obstruction of the upper intestinal tract reveals (1) marked decrease in the plasma chlorids; (2) increase in the carbon dioxide carrying capacity of the blood, and (3) increase in the blood urea. The role played by plasma chlorids in this toxemia fluctuation is most striking and is such a constant finding that it is used as an index in the treatment of such cases. The action of the chlorid metabolism in this condition is debated; whether a toxic protein substance forms in the intestine which unites with the chlorids and causes chlorid depletion or whether the entire loss is due to vomiting remains unsettled. Patients suffering from intestinal occlusion, resulting in duodenal toxemia, are obviously in much better condition to undergo operation if preliminary treatment with chlorids is instituted. Postoperative vomiting, which often follows gastro-enterostomy, is diminished or abated by the administration of sodium chlorid. Patients with functional stasis and vomiting, if there is no obstruction, improve remarkably or recover following this treatment. Brown, Eusterman, Hartman and Rowntree used calcium chlorid and dilute hydrochloric acid and large amounts of fluids in the form of physiologic sodium chlorid solution intravenously, subcutaneously and by rectum, and Ringer's solution was also utilized in the treatment of duodenal intoxication. Hydrochloric acid probably serves the same purpose as sodium chlorid in this condition, but must be given in a very dilute form; in instances in which there is complete intestinal occlusion, its administration is not easy. Calcium chlorid also seems quite efficient, but large amounts of chlorid are often needed. Calcium chlorid cannot be administered subcutaneously because of the extensive necrosis that results. Caution must be used in its intravenous administration for the same reason. Sodium chlorid may be given in large quantities, subcutaneously, intravenously, by a duodenal tube or by proctoclysis. It may also be administered in the form of tablets covered with phenyl salicylate in cases of duodenal toxemia in which the obstruction is below the pylorus, and in functional cases in which there is stasis without obstruction. There is therefore little or no doubt that sodium chlorid seems to be the chlorid of choice in the treatment of duodenal intoxication. The mortality in the untreated cases, compared with that of the treated cases, is conclusive evidence that, when operation is necessary to relieve the mechanical abnormality, preoperative treatment lowers the risk to a minimum. The treatment also decreases or abolishes the similar toxemia often seen in patients with functional stasis without mechanical obstruction.

PRODUCTION OF ACIDOPHILUS MILK ON A LARGE SCALE FOR GENERAL USE

Acidophilus milk is a pleasant, nutritious food beverage, equal and, in fact, superior to almost all other forms of "buttermilk." A glassful or more with one or more of the daily meals is the ideal way for it to be taken. For this purpose, it should be available at moderate cost and obtainable without special effort. It should be produced and sup-

plied by the dairy in the same way that other forms of milk are supplied. Investigation has shown that it is possible, and C. C. Bass, New Orleans (*Journal A. M. A.*, May 10, 1924), describes a practical method of production that meets the need. The method differs from the methods of producing acidophilus milk previously used chiefly in that the milk is sterilized by interval heating at a temperature considerably lower than it is sterilized in the autoclave, and the machinery and facilities that are already available in any well equipped dairy are used. It is believed that this method will take the place of the method of production formerly used, which has proved quite burdensome on the bacteriologic laboratories of physicians and others. Sterilizing milk by superheating it in the autoclave impairs the taste and probably lessens its nutritive value. What is probably still more important, it is quite likely that such autoclave milk may itself impair the digestion and health when it is consumed in large quantities over long periods of time. It is all right for therapeutic purposes, for relatively short periods of time; but, for the purpose of maintaining an acidophilus flora for prevention, it would be kept up indefinitely. When made and supplied by dairies according to the method described, Bass says acidophilus milk should not cost any more than other kinds of "buttermilk." In fact, acidophilus milk of high quality, made by this method, is now delivered to the hospitals and to the homes of consumers in New Orleans for 13 cents a quart, and in Atlanta for 15 cents.

SIMPLICITY OF TECHNIC

George De Tarnowsky, Chicago (*Journal A. M. A.*, May 10, 1924), pleads that operating-room ceremonial is in need of readjustment. Nurses and interns—and some surgeons—are obsessed with the belief that the preparation of the field operation, carried out with a ritual that makes a Greek church high mass simple by comparison, will in some mysterious way prevent postoperative shock and intestinal paresis. In the observance of this ritual there is an enormous wastage of towels, sheets, suture material and solutions. Gentleness in handling tissues is an art that needs more emphasis than it is, at present, given in our teaching and writing. Preparative starvation, purging and frightening are potent factors in the causation of postoperative shock, intestinal paresis and protracted convalescence. The simplest surgical technic, based on accurate anatomic knowledge of the issues involved, will give the best results.

A SIMPLE METHOD OF PRESCRIBING DIACETIC DIETS

George Baehr, Herman Lande and Lulu G. Graves, New York (*Journal A. M. A.*, May 10, 1924), offer a series of twelve test diets devised for the general practitioner in medicine, to assist him to prescribe well balanced diets of known food value and immediately write out the menus for three meals a day with the accuracy of a trained dietitian. In preparing this table the authors have modified the one of Joslin so as to make it conform to the present day needs of the high fat, low protein diets for patients with diabetes. They therefore preserve a proper antiketogenic balance. They contain a constant minimum amount of protein and a moderately large amount of fat. The carbohydrate foods are in one group and the protein

and fat in another. This makes it possible to increase the carbohydrate foods in each succeeding test diet, whereas the quantities of protein and fat remain practically constant. The fat is reduced in the higher diets only in order to keep the total food values below the needs of the individual, and so maintain a moderate undernutrition during the test period. The twelve diets are called test diets, for they are designed to be used only during the first week or two, in order to eliminate the patient's glycosuria, reduce his blood sugar to a more normal level, and then test his maximum glucose burning ability. After this has been accomplished, the diet is increased in accordance with certain rules, this final, more adequate diet being called the permanent maintenance diet.

RAISING CEREBROSPINAL FLUID PRESSURE

The effect of pituitary extract on cerebrospinal fluid was studied by Harry C. Solomon, Boston (Journal A. M. A., May 10, 1924), on human subjects who were having lumbar puncture for diagnosis or treatment. He found that in the majority of cases an intramuscular injection of 1 c.c. of obstetrical pituitary extract causes a rise in the cerebrospinal fluid tension measured by a manometer connected with the lumbar subarachnoid space. This rise begins nearly always in from three and one-half to five minutes after the injection of the drug, and continues for a period of at least forty-five minutes, which is the length of time that the manometric readings were made. The final pressure reading, after pituitary extract was injected, as compared to the original reading, shows an increase of from 10 to 100 per cent. In most of the experiments the rise was represented by an increase of about 35 to 40 per cent over the original pressure reading. The first group of experiments was made without the withdrawal of any fluid. In other words, the pressure reading obtained after the administration of pituitary extract represented an increase over cerebrospinal fluid tension which seemed to be the patient's normal tension. Other experiments were conducted after the withdrawal of from 10 to 25 c.c. of more of the cerebrospinal fluid. When fluid is withdrawn, the pressure drops. There then occurs, normally, a more or less slow increase in the pressure, tending to reestablish the original equilibrium. The time that is required for this varies from one hour to an indefinite period. However, when pituitary extract was given in these cases, after a latent period of from three to five minutes, during which there was a very slow increase in pressure similar to that which occurred prior to the injection of pituitary extract, a rapid increase in the pressure occurred. These experiments offer very definite proof that, in the human subject, 1 c.c. of pituitary extract given intramuscularly causes an increase in the cerebrospinal fluid pressure. Pituitary extract, in-

jected intraspinally, that is, injected directly into the cerebrospinal fluid, has no effect on the cerebrospinal fluid pressure. In other words, it is apparently quite inert when given directly into the subarachnoid space. Epinephrin injected intramuscularly caused very little change in the cerebrospinal fluid pressure level in the majority of cases. The intravenous injection of from 100 to 200 c.c. of distilled water, a hypotonic solution, causes a definite rise in the cerebrospinal fluid tension, which lasts for a considerable period of time. The rise in fluid pressure produced by the injection of from 100 to 200 c.c. of distilled water in the average-sized human being is much the same as that produced by 1 c.c. of pituitary extract; namely, between 10 and 100 per cent of the original pressure. The effect of such injections on lumbar puncture headaches was investigated. Observations were made on a group of patients suffering from lumbar puncture headaches and treated by an injection of 1 c.c. of pituitary extract or from 100 to 200 c.c. of distilled water, or a combination of these two injections. In the majority of cases, relief was obtained by the use of either of these methods or a combination of the two. In some cases the effect of pituitary extract was very striking, and, to the patient, wonderful. In a few cases the effect was nil. In most cases, if relief was obtained it was permanent.

THE PHYSICIAN'S PLEA

I am your physician.

I need your co-operation; I desire your appreciation of my efforts.

I want to hold your friendship and to have you cherish my good will.

I aim to progress with my profession so as to give to you the most efficient treatment.

I desire to do good unto the poor and treat without final reimbursement, deserving, needful patients; this is the commandment of all physicians.

It should be our mutual desire to give to each other our best efforts.

I am human.

I subsist not on praise nor mutual admiration.

The most sincere appreciation you can show me is to reimburse me as my services are rendered.

Thus I am better enabled to carry on fitly; to progress; to give to you and your fellow men my best endeavors.

I am your physician, so I ask that you do unto me as you would have others do unto you were you the physician.

—Dr. R. Ruedemann, Jr.